

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

Date
June 18, 1969

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

Check Position Applied For:

- ☒ Special Agent
☐ Special Agent (Accountant)
☐ Radio Maintenance Technician
☐ Laboratory Aid or Technician
☐ Translator
☐ Nurse
☐ Clerk-Stenographer
☐ Clerk-Typist
☐ Clerk
☐ Other

* Applicants for this position must complete "Questionnaire for Radio Maintenance Technician Position."

1. PERSONAL HISTORY

a. Name in full (Last, first, middle) Oxley Michael Garver b. Social Security Number 278-40-8366

c. List all other names you have used including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.
NA

d. Birth date (Month, day, year) 2/11/44 e. Are you a U. S. citizen? ☒ Yes ☐ No Naturalized? ☐ Yes ☒ No Derivative? ☐ Yes ☒ No

Place of birth Findlay, Ohio Explain derivative citizenship NA

2. MARITAL STATUS

☒ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Date _____ Place of Marriage NA No. of Children _____

Date _____ Place of Divorce or Legal Separation NA Court _____

3. RESIDENCES

a. Present Residence Address: (Apartment, street, city, state, zip code) 1593 Lafayette Drive Columbus, Ohio 43220 Telephone Numbers: Residence 451-8659 Business 469-2152

b. Complete address to which you wish mail or telegram sent (include zip code and telephone number if different from above):
(Same) REC-130

c. List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home and all military addresses including any off military base).

Dates		Apt. #	Street Address	City	State
From	To				
6/68	DATE		1593 LAFAYETTE DRIVE	Columbus	Ohio
9/67	6/68		71 W. Como	Columbus	Ohio
9/66	6/67				
9/65	6/66				
9/64	6/65		SIGMA Chi House, High St.	OXFORD	Ohio
9/63	6/64				
9/62	6/63				
6/65	8/65		102 2ND ST., N.E.	WASHINGTON	D.C.
9/59	DATE		1228 S. MAIN ST.		Ohio

The Federal Bureau of Investigation is an equal opportunity employer.

→ Family Home - Lived There w/ PARENTS
Except AS OTHERWISE NOTED.

JUN 24 1969
61-20698-2

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4. AVAILABILITY OF APPLICANT

a. Have you previously applied for employment with the Federal Bureau of Investigation?
☒ No ☐ Yes Date _____ Place _____ **REC'D**

b. Are you willing to proceed to Washington, D. C., or other duty station, at your own expense?
☒ Yes ☐ No **ADMIN. DIV.**

c. Will you accept a lesser position if no vacancy exists or you fail to qualify for the position sought?
☒ Yes ☐ No

d. If appointed to a clerical position, I am willing to serve a minimum period of one year.
☒ Yes ☐ No

e. If appointed as a Special Agent or Radio Maintenance Technician, are you willing and prepared to accept assignment or transfer to any part of the United States or Puerto Rico for either temporary or permanent duration?
☒ Yes ☐ No **AUG 15**

f. If appointed as a Special Agent, I agree to serve a minimum period of three years and completely understand that I must be available for assignment wherever my services are needed.
☒ Yes ☐ No **17 30 PM '69**

g. Earliest date available for employment.
August 1, 1969

h. How much notice of reporting date do you need?
Two weeks

5. EDUCATION

a.	Name of School	Location	Dates		Course Pursued	Degrees or Diplomas
			From	To		
High Schools	Findlay High School	Findlay, O.	1960	1962	College prep	
Colleges	Miami University	Oxford, O.	1962	1966	Government	A.B.
Graduate School	Ohio State Law ^{ABA}	Columbus, O.	1966	1969	LAW	J.D.
Miscellaneous						

b. Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you during your scholastic career?
☒ No ☐ Yes

c. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.
 Pres. of Student Senate (Miami); Omicron Delta Kappa; Outstanding Senior Man (Miami); Honor Council (OSU)

d. List any special abilities, interests, sports or hobbies with degree of proficiency.
 Basketball, baseball or softball, golf, politics, reading

e. Indicate your proficiency in each phase of each foreign language listed as "slight," "good," "fluent."

Name of Language	Speak	Understand	Read	Write
Spanish	slight	slight	good	slight

f. Are you a member of the bar?
☒ No ☐ Yes Date(s) _____ State(s) _____

g. Are you a certified public accountant?
☒ No ☐ Yes Date(s) _____ State(s) _____

h. Are you a licensed automobile operator?
☐ No ☒ Yes State(s) **Ohio**

6. REFERENCES

Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

No.	Address(es)	Residence	Business
15	Attorney	Findlay, O.	FOR Bldg. E. Main Cross, Findlay, O.

Complete name Jackson E. Betts

No. yrs. acq. 10 **Occupation** Concessionaire

Complete name [Redacted] **Relationship** Cordial Relations

No. yrs. acq. 15 **Occupation** Orthodontist **Address:** For Bldg. Findlay, Ohio

Give three social acquaintances in your own age group including both sexes.

Complete name [Redacted] **Address:** [Redacted] **Residence** Columbus, O.

No. yrs. acq. 5 **School or Occupation** Student

Complete name [Redacted] **Address:** [Redacted] **Residence** Columbus, O.

No. yrs. acq. 4 **School or Occupation** Ohio State Law School

Complete name [Redacted] (Julie) **Address:** [Redacted] **Residence** Columbus, O.

No. yrs. acq. 5 **School or Occupation** Teacher

Address: [Redacted] **Residence** [Redacted] **School or Business** HOUSEWIFE

7. EMPLOYMENT

List chronologically all employments, including summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment.

Name and Address of Employer	Dates		Salary	Position and Kind of Work	Name of Supervisor	Reason for Leaving
	From	To				
a. Name Eastman Kodak Address EAST MAIN CROSS City & State Findlay, Ohio	June 1962	Sept. 1964	2.80 per hr.	dark room	[Redacted]	School (Summer work)
b. Name Cong. Jackson Betts Address House office Bldg. City & State Washington, D.C.	June 1965	AUG 1965	\$100 per month	Congressional intern	Cong. Betts	School
c. Name Garver Oxley Address FOR Bldg. City & State Findlay, Ohio	June 1967	Sept. 1967	\$2.00 per hr.	legal aide	[Redacted]	School
d. Name Lt. Gov. John Brown Address State House City & State Columbus, Ohio	Feb. 1968	June 1968	\$2.25 per hr.	assistant	Lt. Gov. Brown	another job offer from Atty. General

Name and Address of Employer	Dates		Salary	Position and Kind of Work	Name of Supervisor	Reason for Leaving
	From	To				
e. Name <u>Attorney General</u> Address <u>State House Annex</u> City & State <u>Columbus, Ohio</u>	<u>June 1968</u>	<u>Present</u>	<u>\$2.20 per hr.</u>	<u>legal aide</u>		
f. Name						
Address						
City & State						

g. Have you ever been dismissed or asked to resign from any employment or position you have held? ☒ No ☐ Yes

Employer's Name _____ Date _____ Reason _____

h. Are you now or have you ever been employed by an agency of the Federal Government? (Include part-time employment.) ☒ No ☐ Yes

From _____ To _____ Agency _____ Location _____

i. Do you have any sources of income other than your salary or that of your spouse? ☐ No ☒ Yes

Specify each with amount Marathon Oil Co. common stock (app. \$40 per yr.)

8. MILITARY RECORD

a. Are you registered for Selective Service? ☐ No ☒ Yes

Selective Service # 33-56-44-44 Local Board # 56 City Findlay State Ohio

b. What is your current classification? 2-S Have you received any notice indicating you may be called into the Armed Forces in the near future? ☐ No ☒ Yes

If so, give approximate date. August, 1969

c. If classified 1-Y (registrant qualified for military service only in time of war or national emergency) or 4-F (registrant not qualified for any military service), furnish reasons. NA

d. Have you ever served on active duty in the Armed Forces of the United States? ☒ No ☐ Yes

Highest rank attained _____

e. Branch of military service NA

f. Serial number NA

g. Dates of active duty (month, day & year) From NA To _____

h. Type of Discharge NA Basis for Discharge NA

i. Member of Reserve? ☒ No ☐ Yes ☐ Ready ☐ Standby

Service Branch NA

National Guard ☐ Present ☐ Former ☒ None

If you attend drills, meetings, or camps, give name of unit and location. per C. I. unit 8/1/69

j. Was any type of disciplinary action taken against you in the service? ☐ No ☐ Yes Nature of: _____

k. Do you claim veterans preference? ☒ No ☐ Yes Basis: ☐ Active duty between 12-7-41 and 7-1-55 ☐ Active duty subsequent to 1-31-55 in excess of 180 consecutive days ☐ Service-connected disability ☐ Wife ☐ Widow ☐ Mother

9. FOREIGN TRAVEL - (MILITARY SERVICE, RESIDENCE, VISIT)

a. Have you ever visited or resided in any foreign country (including travel in the Armed Forces of the U. S.)? ☐ No ☒ Yes

Passport # G 137 092 Date issued Sept. 1, 1966 Place issued Findlay, Ohio

Countries Visited	Dates		Reason for Travel
	From	To	
<u>England, France,</u>	<u>June 1966</u>	<u>June 1966</u>	<u>Education + vacation</u>
<u>Italy, Spain, Belgium,</u>	<u>"</u>	<u>"</u>	
<u>Germany, Netherlands</u>	<u>"</u>	<u>"</u>	

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b. Have you ever served in the Armed Forces of a foreign country? ☒ No ☐ Yes
(Specify countries; dates)

c. Do you have any relatives, including in-laws, now residing outside the United States (except those in the Armed Forces of the United States or those employed by the United States Government living abroad)? ☒ No ☐ Yes. If so, list below and furnish degree of association and contact you and members of your immediate family have with these relatives.

Name	Relation	Age	City	Country	Citizen of what Country

10. CREDIT RECORD

a. Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? ☒ No ☐ Yes
(If "yes," give dates, places, names of creditors and circumstances.)

b. Are you indebted to anyone? ☒ No ☐ Yes
(List any debt over \$100. Also list any debt, regardless of the amount, where payment is past due.)

Creditor	Address	Amount

11. COURT RECORD

a. Have you ever been arrested or charged with any violation? ☐ No ☒ Yes (List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Charge	Final disposition	Details
		See 11. b. (NONE OTHER)		

b. List all traffic citations but not parking tickets.

Date	Place	Charge	Final disposition	Details
1963	Medina, Ohio	Speeding	guilty	forfeit bond
1968	Marion, Ohio	speeding	guilty	paid fine
1969	Pelaware, Ohio	speeding	guilty	paid fine

c. Has any member of your family or close relative (including in-laws) ever been arrested for other than traffic violations? ☒ No ☐ Yes

Name	Relation	Date	Place	Charge	Final Disposition

d. Have you ever been a plaintiff or defendant in a court action including divorce actions? ☒ No ☐ Yes (Give date, place, court, names of parties involved, nature of action, and final disposition.)

12. ORGANIZATION MEMBERSHIP

a. List all clubs, societies or organizations of which you are or have been a member.

Name	City and State	Former	Present (List position held and extent of activity)
Omicron Delta Kappa	Oxford, Ohio		honorary
Sigma Chi	Oxford, Ohio		alumnus
American Bar Assn, Student Div.	Columbus, O.		active member

- b. Are you now, or have you ever been a member of the Communist Party, U.S.A., or any communist or fascist organization? ☒ No ☐ Yes
- c. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means? ☒ No ☐ Yes
(If answer to any of these is "Yes," explain fully.)

13. RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband or wife. Furnish similar information, including date and place of action, for any members of your immediate family who have been divorced. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half brothers and sisters. If you or your wife have stepparents, legal guardians or others who have reared you instead of your parents, the requested information should be furnished concerning them, as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under sections c, h, i and j regarding your future husband or wife and future in-laws, and clearly show that such relationship is a future one.

Complete Name (no initials); Complete Address	Occupation & Name & Address of Firm where Employed	Date & Place of Naturalization, if Applicable
<p>a. Father</p> <p>George Garver Oxley</p> <p>Address 1228 S. Main St. Findlay, O.</p> <p>Birth date 1/4/19 Place of birth Fremont, Ohio</p>	<p>Attorney, FOR Bldg., Findlay, Ohio. (SELF EMPLOYED)</p>	<p>NA</p>
<p>b. Mother (Include maiden name)</p> <p>Marilyn Maxine Wolfe Oxley</p> <p>Address 1228 S. Main Findlay, O.</p> <p>Birth date 7/17/17 Place of birth Findlay, Ohio</p>	<p>Housewife</p>	<p>NA</p>
<p>c. Wife or Husband (If wife, include maiden name)</p> <p>NA</p> <p>Address</p> <p>Birth date Place of birth</p>		
<p>d. Children</p> <p>NA</p> <p>Address</p> <p>Birth date Place of birth</p>		
<p>Name</p> <p>Address</p> <p>Birth date Place of birth</p>		
<p>Name</p> <p>Address</p> <p>Birth date Place of birth</p>		

13. RELATIVES (Continued)

Complete Name (no initials); Complete Address		Occupation & Name & Address of Firm where Employed	Date & Place of Naturalization, if Applicable
<p>e. Brother</p> <p>[Redacted]</p> <p>Address [Redacted]</p> <p>Birth [Redacted]</p> <p>[Redacted] Findlay, Ohio</p>		<p>Student</p> <p>MIAMI UNIV</p> <p>OXFORD, Ohio</p>	
<p>Address</p> <p>Birth date</p> <p>Place of birth</p>			
<p>Name</p> <p>Address</p> <p>Birth date</p> <p>Place of birth</p>			
<p>f. Sisters</p> <p>NA</p> <p>Address</p> <p>Birth date</p> <p>Place of birth</p>			
<p>Name</p> <p>Address</p> <p>Birth date</p> <p>Place of birth</p>			
<p>Name</p> <p>Address</p> <p>Birth date</p> <p>Place of birth</p>			
<p>g. Wives and Husbands of Brothers & Sisters</p> <p>NA</p> <p>Address</p> <p>Birth date</p> <p>Place of birth</p>			
<p>Name</p> <p>Address</p> <p>Birth date</p> <p>Place of birth</p>			

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13. RELATIVES (Continued)

Complete Name (no initials); Complete Address	Occupation & Name & Address of Firm where Employed	Date & Place of Naturalization, if Applicable
g. Wives and Husbands of Brothers & Sisters (Continued)		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		
h. Father-in-law		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		
i. Mother-in-law (Include maiden name)		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		
j. Brothers & Sisters of your Husband or Wife		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth date Place of birth </div>		

13. RELATIVES (Continued)

Complete Name (no initials); Complete Address	Occupation & Name & Address of Firm where Employed	Date & Place of Naturalization, if Applicable
j. Brothers & Sisters of your Husband or Wife (Continued)		
Address		
Birth date	Place of birth	
k. Other relatives with whom you have resided for an extended period of time (indicate relation)		
Address		
Birth date	Place of birth	
l. Other relatives with whom you have resided for an extended period of time (indicate relation)		
Name		
Address		
Birth date	Place of birth	

14. RELATIVES EMPLOYED BY THE GOVERNMENT

List the complete names of any of your close relatives (including in-laws) who are employed in the Federal Government.

Complete Name	Relation	Agency by which Employed	Location
NA			

15. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE FEDERAL BUREAU OF INVESTIGATION

Complete Name	Location	Length of Acquaintance
NA		

16. RELATIVES FORMERLY EMPLOYED BY THE FEDERAL BUREAU OF INVESTIGATION

Complete Name under which Employed	Current Address	Relationship
NA		



Without sideburns

Attach an unmounted
2 1/4 x 2 1/2 inches. Photo
The photograph must be
the date of this application



17. PHYSICAL DATA

- a. Height without shoes 6'2"
b. Do you now have or have you ever had any of the following: nervous, mental, or emotional disorder of any sort; tuberculosis; epilepsy; fainting spells or seizures; headaches; diabetes; ulcers; rheumatic fever or heart disease; or asthma? ☒ No ☐ Yes
(If "yes" identify, describe, and give dates)

Weight without clothes

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- c. Do you now have or have you ever had any chronic or serious illnesses; or have you ever had any serious operations or injuries? ☒ No ☐ Yes
(If "yes" describe and give dates)

- d. Have you ever been hospitalized? ☐ No ☒ Yes

Dates	Hospital	Location	Reason
1949	Blanchard Valley	Findlay, O.	Tonsilectomy

- e. Describe any past or present physical handicap, defect, or disability not previously covered, but including extent of defective vision, if any, with and without glasses (Snellen) and deficiencies in color vision and hearing.

NA

- f. How many days have you lost from work or school due to illness during the past five years? 5 Nature of illness(es) Hong Kong flu

- g. Have you ever received, is there pending, have you applied for, or do you intend to apply for pension or compensation for existing disability? ☒ No ☐ Yes
(If "yes," specify what kind, granted by whom, and what amount, when, why. If applicable, include Veterans' Administration claim number.)

- h. Male Applicants Only: Do you have any physical defects such as, but not limited to, a bone, joint, or other deformity or loss of a finger, which would preclude unrestricted, regular participation in all phases of the FBI's firearms training, physical training and defensive tactics? ☒ No ☐ Yes
(If "yes" describe)

I understand that all appointments are probationary for a period of one year during which I must demonstrate my fitness for continued employment by the Federal Bureau of Investigation. I also understand that, in many parts of the Bureau, it has been necessary to establish regular night and midnight shifts in view of which I must be available for such assignments as the needs might require. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that wilfully withholding information or making false statements on this application will be the basis for dismissal from the Federal Bureau of Investigation, and constitutes a violation of Section 1001, Title 18, U. S. Code. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Michael J. O'Leary
Signature of Applicant as Usually Written (Do not use nickname)

[illegible]

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

FROM : H. N. Bassett

SUBJECT: SA MICHAEL G. OXLEY
New York Office

DATE: 9-23-71

Tolson _____
Felt _____
Sullivan _____
Mohr _____
Bishop _____
Miller, E.S. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Cleveland _____
Ponder _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

Permanent Brief

Entered on Duty
Reported to Field
Present Grade and Salary
Last Salary Change
Age
Place of Birth
Marital Status
Education

Member of Bar
Language Ability
1971 Annual Performance Rating
Firearms Ability
Outstanding Endorsers
Relatives in Bureau
Offices of Assignment:

3-1-70 assigned
2-10-71 reported

11-17-69
3-1-70
GS-10, \$11,904
1-10-71 - Basic Increase
27 - Born 2-11-1944
Findlay, Ohio
Single
Bachelor of Arts Degree
Juris Doctor Degree
Ohio State Bar
None
EXCELLENT
Qualified
None
None

Boston
New York

LLD:gpt (1)



Michael G. Okley

11-18-69

~~Okley~~

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Michael G. Oxley
11-18-69

This employee entered on duty 11-17-69 as a Special Agent at \$10,252 per annum in GS-10. During his training Mr. Casper stated that he made an excellent personal appearance and had a pleasant personality. He was progressing satisfactorily academically. He had no personal problems and should be able to work in any environment. It was believed he would develop into a very satisfactory new Agent.

On 12-28-69 he received a Basic Increase to \$10,869 per annum in GS-10.

On 3-1-70 he was assigned to the Boston Office.

His daily average overtime for March, 1970, 2' 59"; April, 2' 45"; May, 2' 43"; June, 2' 18".

On 6-3-70 he was rated SATISFACTORY with comments that he had been assigned to the Criminal Intelligence Squad and had investigated primarily Theft from Interstate Shipment cases. He required an average amount of supervision. He was completely available for administrative advancement.

His daily average overtime for July, 1970, 2' 05"; August, 2' 50"; September, 2' 19"; October, 2' 33"; November, 2' 44".

On 11-29-70 he received a Within-Grade Increase to \$11,231 per annum in Grade GS-10.

His daily average overtime for December, 1970, 3'; January, 1971, 2' 32".

On 1-10-71 he received a Basic Increase to \$11,901 per annum in GS-10.

By letter dated 1-19-71 he was COMMENDED for the high quality of his efforts incident to the investigation and apprehension of Robert N. Earl and William Trusty, the subject of a Bank Robbery case.

On 2-10-71 he reported to the New York Office and was rated SATISFACTORY on his transfer report.

His daily average overtime for February, 1971, 2' 03"; March, 2' 26".

On 3-31-71 he was rated EXCELLENT with comments that since his arrival in the New York Office he had been assigned to the General Criminal Division specifically Bank Robbery matters. He was capable of handling matters of moderate complexity with average supervision. He was completely available for administrative advancement, but needed additional experience before being considered for same.

His daily average overtime for April, 1971, 3' 03"; May, 2' 46"; June, 2' 02"; July, 2' 37"; August, 2' 01".

FBI PERSONNEL STATUS FORM

TO: DIRECTOR, FBI

DATE _____

1/18/70

MY STATUS WITH RESPECT TO THE ITEMS BELOW IS AS FOLLOWS:

(A) NAME: Michael Garver Oxley	(B) DATE OF BIRTH: 2/11/44	(C) SOCIAL SECURITY NUMBER: 278-40-8366
(D) MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER		

(D) MARITAL STATUS: ☒ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOW ☐ WIDOWER

SPOUSE: NAME (maiden if female)

' A G E

RESIDENCE ADDRESS IF IT DIFFERS FROM YOURS

PLACE OF EMPLOYMENT

E) NAMES OF YOUR IMMEDIATE RELATIVES: (if deceased, so state) (use supplemental sheet if necessary)

[illegible]

2. PARENTS (including foster parents, stepparents, guardian, etc.), BROTHERS, SISTERS & THEIR SPOUSES	RELATIONSHIP	AGE (if known)	RESIDENCE (City and State) (if known)

George Garver Oxley
Maxine Oxley

father
mother

53
55

Findlay, Ohio

Maxine Oxley

mother

55

11 6 1

[illegible]

67-NOT RECORDED
8 FEB 22 1971

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(OVER)

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(F) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW OR PREVIOUSLY EMPLOYED BY THE FBI:

NAME	EXACT RELATIONSHIP	PRESENT EMPLOYEE	FORMER EMPLOYEE

(G) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW IN GOVERNMENT SERVICE:

NAME	EXACT RELATIONSHIP	GOVERNMENT AGENCY WHERE EMPLOYED

(H) ORGANIZATIONS: ALL EMPLOYEES list all organizations to which you presently belong - do not abbreviate. ONLY SPECIAL AGENTS list former membership in Boy Scouts (indicating exact rank attained) and affiliation with fraternal, honorary or professional groups while in college. NON-AGENTS need not list former memberships at any time.

NAME	PRESENT (All Employees)	FORMER (Agents Only)	CITY AND STATE
Sigma Chi	X		Evanston, Ill.
Omicron Delta Kappa	X		Oxford, O.
Boy Scouts - 2nd class		X	Findlay, O.
Ohio Bar Assn.	X		Columbus, O.
American Bar Assn.	X		"
Miami University Alumni Assn.	X		Oxford, O.

(I) CURRENT SCHOOL ATTENDANCE STATUS (NON-AGENTS only): ARE YOU ATTENDING COLLEGE, OR ANY OTHER TYPE OF SCHOOL? ☐ NO ☐ YES --INDICATE NAME OF INSTITUTION AND SUBJECTS IN WHICH ENROLLED.

(J) PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME

G. Farmer Oxley

RELATIONSHIP

Father

ADDRESS

FOR Bldg. / Findlay, Ohio

(Signature)

Special Agent, FBI

(Title)

(Please type or print)

Name (As it appears on Bureau rolls) <u>Michael Garver Oley</u>		Date <u>11/17/69</u>
Check one: SA <input checked="" type="checkbox"/> SAA <input type="checkbox"/>	Date of Birth <u>2/11/44</u>	EOD <u>11/17/69</u>

Name of School	Location	Dates		Degree (Give descriptive title, i.e., BS in Civil Eng.)
		From	To	
College <u>Miami University</u>	<u>Oxford, O.</u>	<u>1962</u>	<u>1966</u>	<u>A.B. Liberal Arts</u> Major <u>Government</u> Minor <u>Economics, English</u>
Graduate School <u>Ohio State University College of Law</u>	<u>Columbus, O.</u>	<u>1966</u>	<u>1969</u>	<u>Juris Doctor</u> Major _____ Minor _____
Miscellaneous or Special Schools (Include Vocational and Radio Schools)				

List all college courses of 10 hours or more studied in mathematics, engineering and sciences, including chemistry, physics, biology, radio, communications, etc., regardless whether degree obtained. (Use supplemental sheet if necessary.)

Course	Hours	Course	Hours	Course	Hours	Course	Hours

BARS: Federal _____ Year _____ State Ohio Year 1969 CPA (State) _____ Year _____
Other _____

Foreign Language and Dialects

(Evaluate your proficiency in each phase as Excellent, Very Good, Good, Fair, or Unsatisfactory.)

Name of Language	Read	Write	Speak	Understand	Translate
<u>Spanish</u>	<u>Unsatisf.</u>	<u>Good</u>	<u>Fair</u>	<u>Fair</u>	<u>Fair</u>

Source of Proficiency

Name of Language	Native Tongue	Bureau School	Academic	No. Yrs. Studied	Foreign Assignment	Bur. Test Taken	
						Yes	No
							1

If you can handle any foreign language or languages fluently, with little or no hesitation, and without use of a dictionary specify same.

If you have had any TRAINING or EXPERIENCE in the writing field including newspaper reporting, writing for a periodical, and creative writing of any kind, set forth as follows:

Training College Courses	No. of Hours	Experience	Period of Experience
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> 67-NOT RECORDED 8 MAR 9 1970 </div>			<u>Same</u>

Previous Employment

Type of work and in what capacity	Proficiency	Period of Experience
Ohio Atty. General's Office	legal aide	1 1/2 yrs.

Vocations and Avocations

(Give detailed information regarding any special knowledge, abilities, talents, hobbies, trades, etc., you possess, including athletics.)

Vocation or Avocation	Professional	Amateur	Proficiency	Period of Experience

If you feel your experience in any of your previous employments, vocations or avocations is sufficient so that you could use it as a cover in an undercover assignment, identify same.

Special Abilities

Typing ability 20 wpm W.P.M. Have you passed Bureau test? ☒ Yes ☐ No
 Shorthand ability 20 wpm W.P.M. Have you passed Bureau test? ☒ Yes ☐ No
 Name of Shorthand system you use other than Gregg None

Foreign Travel (Six Months or More)

List all foreign countries you have traveled in; in what capacity, and period there.

Military Training

Active duty: Branch Ohio Dates of Service 1961-1962 Rank 1st Lt
 Specialized Military Training None

Practical Experience in Radio

(State degree of proficiency and length of time spent)

Amateur Radio None Licenses Held None
 Commercial Radio Operator None
 Radio, Television or Sound Repairman or Technician None
 Experimenter or other None
 International Morse Code: Transmit None W.P.M. Receive None W.P.M.

Miscellaneous

Give any other information, qualifications and accomplishments.

Ohio State University College of Law
 Miami University
 Oxford, Ohio
 Travelled widely throughout U.S. & Europe
 Outstanding Senior Miami U. 1961
 Omicron Delta Kappa
 Honor Council OSU College of Law
 President of Student Body Miami U. 1966
 Doctor
 Economics
 Government
 A.B. Political History

NOTE: Read verbatim to applicant: "Do you fully realize that willfully withholding information or making false or incomplete statements during this interview will be a basis for dismissal from the FBI and that making a false statement is violation of Section 1001, Title 18, U. S. Code?" ☒ Yes ☐ No

TO: DIRECTOR, FBI

1. Name of applicant MICHAEL GARVER OXLEY		2. (a) Position applied for Special Agent (b) Will accept clerk-typist or clerk if no vacancy exists and/or fails to qualify for the higher position <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Field Office Cincinnati	4. Interviewing official SAC, HARRY J. MORGAN	5. Interview date 7/1/69	6. Place of interview Cincinnati, Ohio
8. Availability <input type="checkbox"/> Clerical <input checked="" type="checkbox"/> Special Agent (a) Is applicant willing to serve minimum period of one year? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Does applicant have any personal problems at home such as ill health of parents, which will prevent continuous employment at his office of assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) (If "yes," give details under General Comments.) (c) Does applicant completely understand that he must be available for assignment wherever his services are needed and is he willing to serve a minimum of 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Recommendation <input checked="" type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable 9. (a) Earliest date applicant can report for work 8/1/69 (b) Number of days notice required prior to reporting for work 14 days	
10. Addresses and telephone numbers Residence 1593 Lafayette Drive, Columbus, Ohio Telephone 451-8659 Administrative Agencies, Attorney General's Business Office of Ohio, Columbus, Ohio Telephone 469-2152			
11. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	12. U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13. Age 25	14. Height (with shoes) 6'2"
15. Weight 182	16. Physical defects (including hearing, vision, color vision; for Special Agent Applicants see 28d) None		

EDUCATION

17. Extent of, and degrees **AB degree - Miami Univ., Oxford, O.**
JD degree - Ohio State Univ., Columbus, O.

18. Grade average and class standing
3.1 out of 4.0
2.8 out of 4.0

EXAMINATION GRADES

19. ☒ Law #4 **76%**
☐ Accounting
☒ SA Oral **75**
☐ Other (specify) _____
☐ Typing
☐ Shorthand
☒ Spelling #2 **100%**
☐ Vocabulary
☐ Composite

ABILITIES

20.
☐ Typing _____ wpm
☐ Stenographic _____ wpm
☐ Teletype _____ wpm

MISCELLANEOUS

21. If applicant has not listed a Social Security Number on application, has he been advised that if offered appointment he should have one when he reports for duty? ☐ Yes ☐ No

Note: (If the answer to questions 23, 24, 25, 26, and 27 is "Yes" secure full details, including pertinent names, dates, and places, and include under "GENERAL COMMENTS" using additional sheets if necessary.)

22. Does applicant use intoxicants? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes To what extent? moderately	23. Has applicant or any member of his family ever used drugs or narcotics except on a doctor's prescription? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Has applicant or any member of his family ever suffered from, or been treated for, any form of mental illness, insanity, epilepsy, been mentally retarded, or had psychiatric consultation of any kind? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If confined, name and address of institution _____	25. Has applicant or any member of his family ever been declared bankrupt? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

26. Following question should be read verbatim to applicant:
"Have you, or any member of your family, ever been sympathetic toward, affiliated in any way with, or a member of the Communist Party, any Communist or Fascist group, any group or doctrine advocating the overthrow of the U. S. Government, any group whose purpose is to deprive persons of their rights under the constitution of the U. S. or any group or doctrine which could be construed as being subversive, opposed to the best interests of the U. S. in favor of, or controlled by a foreign power?"
Applicant's answer: ☐ Yes ☒ No

27. Is there any incident, including arrests or traffic violations other than parking tickets, or information concerning the applicant himself, or a relative, which might tend to reflect unfavorably upon the applicant's reputation, morals, character, ability, or loyalty to the United States which the applicant wishes to explain? ☒ Yes ☐ No

SPECIAL AGENT APPLICANT ONLY

28. Special Agent Applicant (amplify, if necessary, items b, c, and d under General Comments)

a. Drives automobile <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; has valid licenses in States of Ohio	b. Has had executive, professional or investigative experience <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Total experience _____
c. Has appearance of business executive and professional man <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. Does he have any physical defects, including any which would preclude unrestricted, regular participation in all phases of Bureau's firearms training, physical training, and defensive tactics? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "yes" explain under General Comments.)

ACTION: (For SOG use only)

ROUTERS' BLOCK

67-672374-2
10 AUG 15 1969

REC-130

SEP 18 1969 29

THREE

SPECIAL AGENT APPLICANT ONLY (Continued)

29. Reserve obligation of applicant (amplify under General Comments)

☒ None ☐ Ready ☐ Standby ☐ Retired

- A. 1. What is the duration of his obligated service? _____
 2. Does he actively participate in camps, drills, etc. ☐ Yes ☐ No
 3. Is he interested in more active participation? ☐ Yes ☐ No
 4. If he had an option to resign, would he do so? ☐ Yes ☐ No
 5. What is his Military Occupational Specialty (MOS)? _____

B. If in the Ready Reserve, can he transfer to Standby Reserve? ☐ Yes ☐ No

C. Standby Reserve members under existing law are classified by Local Draft Boards in following categories as to availability in an emergency: I-R (available for order to active duty); II-R (not available because of civilian occupation); and III-R (not available because of dependency). Applicant is classified _____ -R

30. AVAILABILITY - Applicant is completely available for general or special assignment wherever his services are needed. The demanding requirements, including overtime, transfers, etc., have been thoroughly discussed with the applicant and he has no problems, family, personal or otherwise, which would preclude his acceptance and continuous availability if appointment is offered. ☒ Yes

EVALUATION - ALL APPLICANTS

Note: (Interviewer underline adjectives best describing applicant. If none applicable, insert appropriate descriptive terms.)

31. Personal Appearance

- a. **Initial Impression:** Excellent, very good, good, fair, poor _____
 b. **Dress:** Conservative, ordinary, collegiate, flashy, rural _____
 c. **Features:** Refined, ordinary, coarse, dissipated _____
 d. **Neatness:** Well-groomed, neat, untidy, dirty _____
 e. **Build:** Large, medium, small, stocky, frail, obese _____
 f. **Complexion:** Very healthy, normal, defective (specify) _____
 g. **Photograph:** Good likeness (If not, explain) He looks better than photo shows

Overall Evaluation: Excellent, very good, good, fair, poor _____

32. Conduct During Interview

- a. **Approach:** Friendly, quiet, ingratiating, hesitant, unimpressive _____
 b. **Handshake:** Firm, average, too hard, weak _____
 c. **Poise:** Well-poised, steady, lacking _____
 d. **Voice:** Well-modulated, clear, too low, harsh, nasal, high-pitched _____
 e. **Accent:** None, foreign, regional, slight, very noticeable _____
 f. **Nervousness:** None, slight, very nervous _____
 g. **Assurance:** Self-confident, average, cocky, timid _____
 h. **Enthusiasm:** Enthusiastic, average, undemonstrative, indifferent _____
 i. **Force:** Forceful, aggressive, sufficient, vacillating, lacks initiative _____
 j. **Amenability:** Amenable, cooperative, self-centered, stubborn, resentful _____
 k. **Alertness:** Alert, responsive, lackadaisical, dull _____
 l. **Tact:** Tactful, average, blunt, lacking _____
 m. **Maturity:** Mature, immature, responsible, irresponsible _____

Overall Evaluation: Excellent, very good, good, fair, poor _____

33. General Intelligence

- a. **Answers Questions:** Definitely, deliberately, without thinking, vaguely _____
 b. **Resourcefulness:** Above average, average, lacking _____
 c. **Intelligence:** Above average, average, below average, slow-witted _____

Overall Evaluation: Excellent, very good, good, fair, poor _____

34. **Male Applicants:** Does applicant have unusual dress or hair style, gestures, mannerism or demeanor which detract from his overall appearance and impression? ☒ No ☐ Yes (If "yes" explain under General Comments.)

SPECIAL AGENT AND CLERICAL APPLICANTS

35. Applicant

With training and experience is likely to develop into employee who is

☐ outstanding ☒ above-average
☐ average ☐ below-average

36. GENERAL COMMENTS CONCERNING APPLICANT

Mr. OXLEY is age 25 and single. He made an outstanding personal appearance, was well dressed, and on the handsome side. He is a fine specimen of a young man, 6'2", 182 lbs., and made an excellent first impression.

He is very alert and extremely enthusiastic about becoming a Special Agent. He is the son of an Attorney in Findlay, Ohio. He received an AB degree from Miami University, Oxford, Ohio; voted outstanding Senior man; has a JD Degree from College of Law, Ohio State University, Columbus, Ohio.

CI 67-20698

He is extremely aggressive, highly intelligent, courteous and has participated in numerous athletics in college. I feel he would be a great asset to the Bureau.

He is currently 2-S, works for the Attorney General's Office, State of Ohio; is now studying for his Bar Exam which he will take in the latter part of July, 1969.

During the summer of 1965, he was employed in the Office of U.S. Congressman JACKSON BETTS, Republican from Findlay, Ohio.

He had three citations for speeding but says that he tries to keep within the law and he does not anticipate any further traffic violations.

He is available for general and special assignment and has no personal problems.

He conducted himself well during simulated interview.

I highly recommend him because I feel that he has outstanding qualifications for the position of Special Agent.

F B I

Date: 8/13/69

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO : DIRECTOR, FBI

FROM : SAC, CINCINNATI (67-20698) (P)

SUBJECT: MICHAEL GARVER OXLEY
BUAP - SPECIAL AGENT
BUDED 8/20/69

Enclosed for the Bureau are the following:

- 1) Application with photo
- 2) Interview Form (FD-190) favorable recommendation
- 3) Fingerprint card
- 4) Agent's Spelling test #2 *det*
- 5) Special Agent's Exam Set #7 *det*

By airtel dated 7/16/69 the Cleveland Office advised that [redacted] LB 56, Selective Service System, Findlay, Ohio, advised that at the Board meeting on Tuesday, 7/15/69, it was decided that the applicant would be considered favorably for an occupational deferment in the event he received an appointment as an SA.

REC-130

67-67-1-3

Applicant was afforded a physical examination at Lockbourne Air Force Base, Columbus, Ohio on 7/23/69. Oral results of this exam show that applicant is qualified, that he is 74 inches tall, weight 182 and has a large frame.

- 2 - Bureau (Enc.5) AMSD
 - 2 - WFO (Enc.1) AMSD
 - 2 - Cleveland (Encs.2) AMSD
 - 2 - Cincinnati
- KRK/fbs

(9)

ENCLOSURE

Sent _____ M Per _____

Special Agent in Charge

THREE
*ama*b6
b7c

CI 67-20698

[REDACTED] Flight Surgeon's Office, Lockbourne, b6
b7c
Air Force Base, who furnished oral results advised applicant's vision is 20/20, both eyes, both near and distant, color vision and audiometer tests normal; blood pressure readings are 126, systolic, over 80, diastolic.

Complete results of applicant's physical examination will be furnished the Bureau immediately upon receipt.

Investigation of applicant is being initiated.

During the investigation all periods of employment and unemployment should be verified. In any instance where applicant or relatives reside in one city and work in a different city credit and arrest checks should be made in both places. Interviews concerning the applicant should solicit information concerning his leadership, ability, physical fitness and agility, aggressiveness and athletic endeavors.

The following offices are being furnished with xerox copy of application and are requested to conduct the indicated investigation:

Washington Field Office

Cleveland (with Selective Service System
Authorization for Release of
Information).

September 9, 1969

Honorable Jackson E. Betts
House of Representatives
Washington, D. C. 20515

My dear Congressman:

I am indeed pleased to inform you
that Mr. Michael G. Oxley of Columbus, Ohio,
about whom you were interviewed in connection
with his application, has been tendered an
appointment as a Special Agent in the Federal
Bureau of Investigation.

Sincerely yours,

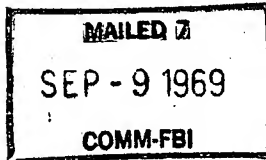
J. Edgar Hoover

mkj (4) (67-672374)

REC-146

67-672374-4
Searched _____ Numbered _____
8 SEP 10 1969

Based on memo from J. B. Adams to Mr. Callahan
dated 9-8-69. WBH:gms



Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holloman _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

REPORT OF MEDICAL EXAMINATION

1fm 7/31

1. LAST NAME--FIRST NAME--MIDDLE NAME OXLEY, Michael Garver			2. GRADE AND COMPONENT OR POSITION Civilian		3. IDENTIFICATION NO. 278-40-8366				
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1593 Lafayette Dr Columbus, Ohio 43220			5. PURPOSE OF EXAMINATION FBI		6. DATE OF EXAMINATION 23 July 1969				
7. SEX Male		8. RACE Caucasian		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY - CIVILIAN -		10. AGENCY Justice		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 11 Feb 44 (25)		13. PLACE OF BIRTH Findlay, Ohio		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN G.G. Oxley (Father) 1228 S. Main Findlay, Ohio					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 317 th TAC Hospital, Lockbourne AFB, Ohio						16. OTHER INFORMATION			
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS			

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS--GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES--GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
-	43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Class Recu Ado
RE: SF 89's
Rec let 8-12-69
TMB
9-11-69

REC-144

672374-5
571
SEP 15 1969

HEALTH SERVICE
AUG 27 1969

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																											
<table><tr><td colspan="3">1 2 3 Restorable teeth</td><td colspan="3">1 2 3 Non-restorable teeth</td><td colspan="3">1 2 3 Missing teeth</td><td colspan="3">1 2 3 Replaced by dentures</td><td colspan="3">1 2 3 Fixed Partial dentures</td></tr><tr><td colspan="3">32 31 30</td><td colspan="3">32 31 30</td><td colspan="3">32 31 30</td><td colspan="3">32 31 30</td><td colspan="3">32 31 30</td></tr><tr><td colspan="3">R X 0</td><td colspan="3"></td><td colspan="3"></td><td colspan="3"></td><td colspan="3"></td></tr><tr><td colspan="3">I 1 2 3</td><td colspan="3">4 5 6 7 8</td><td colspan="3">9 10 11 12 13</td><td colspan="3">14 15 16</td><td colspan="3">X 1</td></tr><tr><td colspan="3">G 32 31 30</td><td colspan="3">29 28 27 26 25</td><td colspan="3">24 23 22 21 20</td><td colspan="3">19 18 17</td><td colspan="3">F T</td></tr><tr><td colspan="3">H X</td><td colspan="3"></td><td colspan="3"></td><td colspan="3"></td><td colspan="3"></td></tr></table>																1 2 3 Restorable teeth			1 2 3 Non-restorable teeth			1 2 3 Missing teeth			1 2 3 Replaced by dentures			1 2 3 Fixed Partial dentures			32 31 30			32 31 30			32 31 30			32 31 30			32 31 30			R X 0															I 1 2 3			4 5 6 7 8			9 10 11 12 13			14 15 16			X 1			G 32 31 30			29 28 27 26 25			24 23 22 21 20			19 18 17			F T			H X															Class 1 Type 3 Exam Qualified	
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H X																																																																																																											

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.028		D. MICROSCOPIC Negative		46. CHEST X-RAY (Place, date, film number and result) Lockbourne AFB, Ohio 23 Jul 69 14x17 Film # X69-9836 Neg	
B. ALBUMIN Neg					
C. SUGAR Neg					
47. SEROLOGY (Specify test used and result) VDRL Nonreactive		48. EKG -		49. BLOOD TYPE AND RH FACTOR "A" Rh Pos	
				50. OTHER TESTS Hematocrit 46%	

88-117-02

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 74"		52. WEIGHT 182		53. COLOR HAIR Blond		54. COLOR EYES Blue		55. BUILD: (Check one) SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMPERATURE 98.6°									
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)															
A. SYS. 126		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.					
DIAS. 80				DIAS. -		DIAS. 68		104		72		-		-					
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION											
RIGHT 20/ 20		CORR. TO 20/ -		BY - S. -		CX -		20/20 CORR. TO -		BY -									
LEFT 20/ 20		CORR. TO 20/ -		BY - S. -		CX -		20/20 CORR. TO -		BY -									
62. HETEROPHORIA (Specify distance)																			
ES° 5		EX° 0		R. H. 0		L. H. 0		PRISM DIV. -		PRISM CONV. CT -		PC -		PD -					
63. ACCOMMODATION				64. COLOR VISION (Test used and result) Passes VTS-CV				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED -							
RIGHT - LEFT -												CORRECTED -							
66. FIELD OF VISION Normal				67. NIGHT VISION (Test used and score) NIBH				68. RED LENS TEST -				69. INTRAOCULAR TENSION Normal							
70. HEARING				71. AUDIOMETER ISO 1964								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV - /15 SV - /15				250 256		500 512		1000 1024		2000 2048		3000 2896		4000 4096		6000 6144		8000 8192	
LEFT WV - /15 SV - /15				RIGHT -		15		5		15		5		0		10		-	
				LEFT -		15		5		10		5		15		10		-	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY.

Examinee denies all significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																	
75. RECOMMENDATIONS--FURTHER SPECIALIST EXAMINATIONS INDICATED. (Specify)																	
76. A. PHYSICAL PROFILE																	
<table><tr><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td></tr><tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr></table>						P	U	L	H	E	S	1	1	1	1	1	1
P	U	L	H	E	S												
1	1	1	1	1	1												
77. EXAMINEE (Check)																	
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR Is qualified for FBI in accordance with AFM 160-1																	
B. <input type="checkbox"/> IS NOT QUALIFIED FOR																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER																	
<table><tr><td>A</td><td>B</td><td>C</td><td>E</td></tr><tr><td>X</td><td></td><td></td><td></td></tr></table>						A	B	C	E	X							
A	B	C	E														
X																	
79. TYPED OR PRINTED NAME OF PHYSICIAN CAPT, USAF, MC																	
80. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)																	
81. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY																	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY																	
SIGNATURE																	
SIGNATURE																	
NUMBER OF ATTACHED SHEETS																	

1. LAST NAME—FIRST NAME—MIDDLE NAME Oxley Michael G.			2. GRADE AND COMPONENT OR POSITION Civilian		3. IDENTIFICATION NO. 278-40-8366	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1593 Lafayette Dr. Columbus, O. 43220			5. PURPOSE OF EXAMINATION FBI		6. DATE OF EXAMINATION 23 July 69	
7. SEX Male	8. RACE Cav.	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY Justice	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 25 11 Feb 44		13. PLACE OF BIRTH Findlay, Ohio		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN G. G. Oxley - father 1228 S. Main Findlay, O.		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 30th Tac Hosp, LAFB, Ohio				16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	52	good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	50	good				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE						<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS	22	fair				<input checked="" type="checkbox"/>	HAD CANCER	
AND						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
CHILDREN					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	brother
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE/HERNIA	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		COLOR BLINDNESS	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VD—SYPHILIS, GONORRHEA, ETC.	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		HEARING LOSS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		HISTORY OF BROKEN BONES	<input checked="" type="checkbox"/>		RECURRENT BACK PAIN	<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS
<input checked="" type="checkbox"/>		HISTORY OF HEAD INJURY									
<input checked="" type="checkbox"/>		SKIN DISEASES									

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES—CONTACT LENS	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input checked="" type="checkbox"/>	HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	HAD EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

1

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?

36 mo.

25. WHAT IS YOUR USUAL OCCUPATION?

Student

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

ENCLOSURE

107-1072374-5

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Michael G. Oxley

Michael G. Oxley

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 38)

Examinee denies all significant medical or surgical history.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

CAPT, USAF, MC

23 July

NUMBER OF ATTACHED SHEETS

b6
b7c

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee OXLEY, MICHAEL GARVER
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

107-672374-5

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
(6'2")	156 - 167	163 - 181	(174 - 195)
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

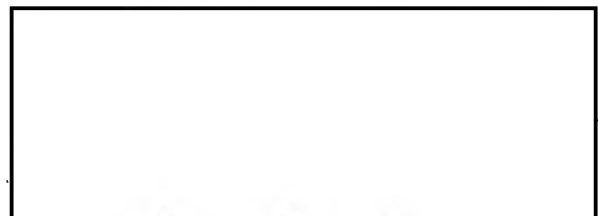
4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: NONE



July 1, 1961
Date

b6
b7c

FEDERAL BUREAU OF INVESTIGATION

1969

Director
 Mr. Tolson
 Mr. Mohr
 Mr. Callahan
 Mr. Bishop
 Mr. Casper
 Mr. Conrad
 Mr. DeLoach
 Mr. Felt
 Mr. Gale
 Mr. Rosen
 Mr. Sullivan
 Mr. Tavel
 Mr. Trotter

Mr. Beaver
 Miss Gandy
 Miss Holmes
 Mr. Hyde

See Me
 Call Me
 For Your Information
 For Approp. Action
 Note and Return

Mr. Walsh
 Mr. Adams
 Mr. Dunphy
 Mr. Gunsser
 Mr. Row
 Mr. Smith

Mr. M.A. Jones
 Mr. Malmfeldt
 Radio Section
 Reading Room
 Mail Room
 Personnel Records
 Teletype Unit

M

Room

Mr. Ausen
 Mr. Banner
 Mr. Barko
 Mr. Bassett
 Mr. Burns
 Mr. Cahill
 Mr. Cavanaugh
 Mr. Clark
 Mr. Davidson
 Mr. Feeney
 Mr. Green
 Mr. Gregory
 Mr. Hereford
 Mr. Hershey
 Mr. Hunsinger
 Mr. Hunzeker
 Mr. Lowell
 Mr. Matheson
 Mr. Midkiff
 Mr. Miller
 Mr. Neudorfer
 Mr. O'Connell
 Mr. Pietsch
 Mr. Rogers
 Mr. Skaggs
 Mr. Stoetzel
 Mr. Woodworth

b6

b7C

Mr. Cheesman

Mr. D. Cox

Mr. Jackson

Mr. Lawless

Mr. McMichael

Mr. Marsden

Mr. Robinson

No Abnormalities noted.

HEALTH SERVICE
4545 JB

N. P. CALLAHAN

8-18-69

Airtel

**To: SACs, Cincinnati (67-20698)
Cleveland**

From: Director, FBI (67-672374)

**MICHAEL GARVER OXLEY
BUAP - SPECIAL AGENT**

Re Cincinnati airtel dated 8-13-69, forwarding Oxley's application and related papers to the Bureau and instituting investigation with a deadline of 8-20-69. Although it is indicated in referenced airtel that a check by Cleveland Office determined that applicant's draft board would consider him for an occupational deferment if appointed as an Agent, it is noted that Oxley indicated on his application that he had received some indication he might be called into the military service this month. In view of this, Cleveland should immediately re-contact appropriate draft board personnel to determine whether it appears Oxley's induction may be imminent. Since we have no Agent vacancies until the class convening in October, 1969, if a recheck with applicant's draft board indicates he will in all probability be inducted prior to October, investigation should be immediately discontinued.

Since there is a possibility investigation of Oxley will be completed, Cincinnati Office should immediately contact him and resolve the following, thereafter conducting any additional investigation warranted or setting out necessary leads for same. Clarify whether applicant was employed by Eastman Kodak during each of the summers of 1962, 1963, and 1964. If he was not so employed during any of the above summers, determine his activities during same. Since Congressman Jackson E. Betts, given by applicant as a reference, is also a former employer, have Oxley furnish the name of another individual as a reference. Obtain from applicant the full name of his reference, [redacted] to facilitate necessary indices checks on him. Determine from Oxley whether he has ever been in the National Guard and if so, secure pertinent information about such service so that necessary checks can be made during investigation. Also

b6
b7C

MAILED 6
AUG 18 1969
Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MJS:wjb wjb (6)

REC-144

67-2374-6
SEP 15 1969

MAIL ROOM ☒ TELETYPE UNIT ☐

Airtel to SACs, Cincinnati & Cleveland
Re: Michael Garver Oxley
BUAP - Special Agent

obtain from applicant details about his European trip in the spring of 1966. Specifically determine whether East Germany was on his itinerary and if so, determine how long he was there, what he did while there, whether he was accompanied by anyone or visited anyone there, whether he was contacted by anyone representing the East German Government and if so, the nature of such contacts. Also determine whether he spent 30 days or more in any one place while in Europe and if he did, secure such addresses so that appropriate investigation can be conducted. Since applicant indicates his reason for visiting Europe was "for education," ascertain whether he was enrolled in any school while there. If he was, obtain necessary information in this regard.

F B I

Date: 8/21/69

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO: Director, FBI (67-672374)
FROM: SAC, CLEVELAND (67-15467) (P)
RE: MICHAEL GARVER OXLEY
BUAP - SA

Re Bureau airtel to Cincinnati, 8/18/69.

On 8/20/69, [redacted] Clerk, LDB 56, Findlay, Ohio, advised that applicant, if inducted, would not be ordered until the month of 10/69. Any appointment before that time should be brought to her attention for appropriate action.

b6
b7C

2 - Bureau
1 - Cincinnati (67-20698) (info)
2 - Cleveland

SF/mls
(5)

REC-144

672374-7
51

Approved: _____

Special Agent in Charge

Sent _____

M

Per _____

F B I

Date: 8/21/69

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO: DIRECTOR, FBI

FROM: SAC, WFO (67-73609) (RUC)

MICHAEL GARVER OXLEY
BUAP-SA

ReWFOairtel 8/20/69.

The files of the Passport Office, USDS, reviewed by SE [redacted] on 8/20/69, disclosed that MICHAEL GARVER OXLEY, born 2/11/44, Findlay, Ohio, was issued Passport # G 137 092 at the Department of State, Washington, D.C., for proposed 6 weeks travel to England, France, Germany, Netherlands and Belgium for the purpose of a vacation, departing New York, N.Y., on or about 4/66. His occupation was listed as a student. Birth certificate was seen.

b6
b7c

No additional pertinent information was noted.

3-Bureau
1-WFOELC/AM:am
(4)AIRTEL

REC-144

67-2374-8
51
9

Approved:

Special Agent in Charge

Sent

M

Per

F B I

Date: 8-22-69

Transmit the following in PLAINTEXT
(Type in plaintext or code)Via TELETYPE URGENT
(Priority)**TO BUREAU (VIA AIR MAIL) (67-672374) AND LOS ANGELES****FROM CLEVELAND (67-15467) 2 P****MICHAEL GARVER OXLEY, BUAP - SA. BUDED AUG. TWENTY,
LAST.****RE CINCINNATI AIRTEL TO BUREAU, AUG. THIRTEEN, LAST.****FOR INFO LOS ANGELES, APPLICANT'S BROTHER, THOMAS
GEOFRY OXLEY, IS WHITE MALE, BORN NOV. TWENTY, FORTY-SIX, AT
FINDLAY, OHIO.****APPLICANT'S FATHER HAS ADVISED THOMAS OXLEY IS CURRENTLY
RESIDING RURAL ROUTE ONE - TWO EIGHT FIVE B WINCHESTER CANYON
RD., GOLETA, CALIF. HE IS NOT WORKING BUT CONTEMPLATES AT-
TENDING GRADUATE SCHOOL AT GOLETA BRANCH OF USC THIS FALL.****REFERENCE [REDACTED] FINDLAY, OHIO, STATED**
[REDACTED]
[REDACTED]b6
b7C**APPLICATION LISTED BROTHER RESIDING ONE TWO TWO EIGHT
SO. MAIN ST., FINDLAY, OHIO, RESIDENCE OF FATHER.**

REC-144

67-2374-9
51SF:esc
(2)

29

THREE

Approved: Cec
Special Agent in Charge

Sent _____ M Per _____

F B I

Date:

Transmit the following in _____
(Type in plaintext or code)

Via _____
(Priority)

CV 67-15467

PAGE TWO

**LOS ANGELES AT GOLETA, CALIF. CONDUCT CREDIT AND ARREST
ON APPLICANT'S BROTHER AND VERIFY RESIDENCE AND ACTIVITIES.**

P

END

Approved: _____ Sent _____ M Per _____
Special Agent in Charge

F B I

Date: **August 22, 1969**Transmit the following in _____
(Type in plaintext or code)Via **A I R T E L** _____
(Priority)

To: Director, FBI

From: SAC, Cleveland 67-15467 (RUC)

Subject: MICHAEL GARVER OXLEY
BUAP - SA

Buded: August 20, 1969

Re Cincinnati airtel, August 13, 1969; Cleveland teletype, August 22, 1969.

SUMMARY AIRTEL**BIRTH**

Records, Board of Health, Findlay, Ohio, show applicant born February 11, 1944, at Findlay, Ohio.

EMPLOYMENTS

Applicant employed Eastman Kodak Company, Developing Center, Findlay, Ohio, June 11 - September 13, 1962; December 26-31, 1962; June 10 - September 11, 1963; December 27, 1963 - January 3, 1964; June 10 - September 12, 1964; December 28-31, 1964; December 27, 1965 - January 3, 1966; June 13 - September 21, 1966. Applicant employed during summer and vacation on part-time basis on night shift as film preparation operator. Work record good to excellent and employer highly recommends applicant.

2 - Bureau
1 - Cleveland

SF:esc**(3)**

REC-144

67-2374-10

Approved: CGC
Special Agent in Charge

Sent 29 M Per THREE

CV 67-15467

Applicant employed by US Representative JACKSON E. BETTS about three years ago in Washington, DC.

Applicant employed by father, GEORGE GARVER OXLEY, Findlay, Ohio, June - September 1967, as law clerk.

REFERENCES

US Representative JACKSON E. BETTS, Mansfield.

Ohio: [redacted] all recommend applicant highly as to character, loyalty, morals, and capabilities. All feel applicant excellent Special Agent material. [redacted] and a friend of applicant, [redacted] Findlay, Ohio, state [redacted]

b6
b7C

[redacted] They had no facts relative to this. Applicant's association with brother limited in recent years as they have been attending different schools. Applicant not in accord with brother's associations and attitude.

CREDIT AND ARREST

At Findlay, Ohio

Credit Bureau has had applicant in file since September 1966 but has no credit information.

Applicant's parents, GEORGE GARVER and MAXINE OXLEY in file, Credit Bureau, since September 1941. No derogatory information, and all accounts paid as agreed. No credit record of THOMAS OXLEY, applicant's brother.

No arrest record for applicant or parents at Findlay.

b6
b7C

At Medina, Ohio

Applicant cited on May 3, 1964, for speeding, 75 mph

CV 67-15467

| in 60 mph zone, paid \$15 plus \$8 court costs.

At Marion, Ohio

| Applicant cited by Ohio State Highway Patrol for speeding 65 mph in 50 mph zone, April 28, 1968, and on May 7, 1968, pleaded guilty and was fined \$25 plus \$4.70 court costs.

FBI

Date: 8/21/69

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO: DIRECTOR, FBI

FROM: *HSM* SAC, CINCINNATI (67-20698) (RUC).

SUBJECT: MICHAEL GARVER OXLEY
BUAP - SA
BUDED: 8/20/69

Reurairtel to CI, 8/13/69; urairtel to CI,
8/18/69.

Applicant attended Ohio State University Law School from October 3, 1966, to June 19, 1969, when he graduated with a JD Degree in law. The applicant graduated with a 2.70 average on a 4 point, ranking 98th in a class of 147, and he graduated with an excellent attendance record. Employments verified and satisfactory. Teachers, employers, neighbors, and associates recommend without reservation for a sensitive position in the Federal Government. No credit record or arrest record on the applicant, Columbus, Ohio.

REC-144

67-672374-11

Education Miami University, 9/62 through graduation in 4/66, verified. Applicant majored in Government. He received an AB Degree, and acquired an average of 3.041 out of a possible 4.0. No derogatory information in file. Dean of college

2-Bureau
2-Cleveland
1-Cincinnati

JPF/blb/msw
(5)

with #3
8-27-69
dms

Leads checked
8/27/69
dms

Memo Adams to
Callahan 8-29-69
WSH:mib

THREE
dms

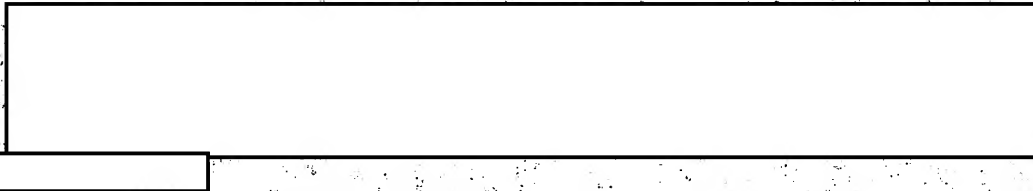
Approved: SEP 10 1969 29 Sent _____ M Per _____
Special Agent in Charge

CI 67-20698

verified residence in Sigma Chi House, High Street, Oxford, Ohio, and advised that applicant was an outstanding student active in extracurricular activities. He held offices including Vice-President of the Student Senate in his Junior year, and President of the Student Senate in his Senior year. He was also a member of the Honorary Fraternity Omicron Delta Cappa.

He is described as a polite, courteous, intelligent, mature young man of unquestioned loyalty and character and is highly recommended.

Applicant has no credit or arrest record in the vicinity of Oxford, Ohio.



b6
b7C

On 8/20/69, [redacted] Delaware Municipal Court, Delaware, Ohio, advised that according to her records, MICHAEL GARVER OXLEY, SSN 278-40-8366, DOB 2/11/44, was arrested on 4/6/69, at 11:25 AM, on US Route #23 in Delaware County, Ohio, by Patrolman [redacted] of the OSHP. OXLEY was charged with speeding for traveling 70 mph in a 60 mph zone. OXLEY pled guilty and was fined \$15 plus \$6 court costs.

b6
b7C

Applicant advised on recontact that he has never been in the National Guard. On European trip he was never in East Germany and never stayed in one place more than 30 days while in Europe - longest time 8 days. He was traveling on his own and not on an organized tour. Applicant employed

CI 67-20698

at Eastman Kodak during the summers of 1962, 1963, and 1964.

For the information of the Bureau, the complete name of reference is [REDACTED]

b6
b7C

LEADS:

CLEVELAND

AT FINDLAY, OHIO

If not already covered, interview [REDACTED]

b6
b7C

[REDACTED] as applicant's reference replacement for JACKSON BETTS, who was employer.

VIA TELETYPE
AUG 26 1968
ENCIPHERED

Mr. Tolson_____
Mr. DeLoach_____
Mr. Mohr_____
Mr. Bishop_____
Mr. Casper_____
Mr. Callahan_____
Mr. Conrad_____
Mr. Felt_____
Mr. Gale_____
Mr. Rosen_____
Mr. Sullivan_____
Mr. Tavel_____
Mr. Trotter_____
Tele. Room_____
Miss Holmes_____
Miss Gandy_____

WASH DC --6--

11-36AM DEFERRED 8-26-69 NJZ

TO DIRECTOR (67-672374) PLAINTEXT

FROM LOS ANGELES (67-23097) (RUC)

MICHAEL GARVER OXLEY. BUAP - SA.

4263

b6
b7C

RE CV TEL TO BU AUGUST TWENTY TWO LAST.

NO CREDIT OR ARREST RECORD LOCATED FOR APPLICANT'S BROTHER,
THOMAS GEOFRY OXLEY, AT AGENCIES COVERING GOLETA, CAL.

b6
b7C

[REDACTED], ADVISED THAT RESIDENCE AT TWO EIGHT FIVE B
WINCHESTER CANYON ROAD IS FORMER J. J. HALLISTER ESTATE RANCH
HOUSE [REDACTED]

b6
b7C

AT [REDACTED]

[REDACTED], ADVISED THAT [REDACTED] LIVES WITH

b6
b7C

END PAGE ONE

5 SEP 13 1969

29

REC-144

67-672374-151
Numbered 151

3/dma

PAGE TWO

LA 67-23097

HIM AT THIS ADDRESS AND IS SINGLE. KNOWS OF NO ARREST OR TROUBLE REGARDING [REDACTED] WHO HAS AN EXCELLENT REPUTATION. ADVISED [REDACTED] GRADUATED FROM COLLEGE AND IS LOOKING FOR A JOB; NOT SURE IF OXLEY INTENDS TO START GRADUATE SCHOOL THIS FALL. STATED [REDACTED] CURRENTLY LIVING ON A COMMUNAL BASIS WITH [REDACTED] AND OTHERS AT THIS ADDRESS. STATED [REDACTED] IS NOT A HIPPIES. ALTHOUGH HE WEARS LONG HAIR.

b6
b7c

[REDACTED] ADVISED HE KNEW THE APPLICANT, MICHAEL OXLEY, FOR PAST FIFTEEN YEARS AS A NEIGHBOR AND SCHOOL MATE IN FINDLAY, OHIO. COMMENTS FAVORABLEY ON APPLICANT'S CHARACTER, ASSOCIATES, REPUTATION AND LOYALTY AND RECOMMENDS.

b6
b7c

END

BKR FBI WASHDC

FBI

Date: August 27, 1969

Transmit the following in _____
(Type in plaintext or code)Via A I R T E L _____
(Priority)

To: Director, FBI

From: SAC, Cleveland 67-15467 (RUC)

Subject: MICHAEL GARVER OXLEY
BUAP - SA

Buded: August 20, 1969

Re Cincinnati airtel to Bureau 8-21-69.

SUMMARY AIRTEL

On August 27, 1969, [redacted] advised he has known applicant's family for many years and recommended all members of family as to character, loyalty, and morals. He recommended applicant as to leadership, capabilities, intelligence, and personality. He advised [redacted] currently in California; however, he did not know what he was doing at this time, nor did he know his intentions. He is not acquainted with [redacted] associates. He noted that applicant would not be influenced by [redacted] in any way and thought that applicant would be more inclined to influence the [redacted]. He had never heard [redacted] voice any hostile, subversive, or radical opinions, and, to his knowledge, he has never associated with any radical groups. EC-144 67-2374-13

[redacted] stated he knew of no one he could recommend higher than applicant for position of Special Agent with the FBI.

2 - Bureau
1 - Cleveland
SF:esc
(3)

Approved: CGC Sent _____ M Per _____
Special Agent in Charge

September 9, 1969

Mr. Michael G. Oxley
1593 Lafayette Drive
Columbus, Ohio 43220

b6
b7C

Dear Mr. Oxley:

You are offered a probationary appointment in the Federal Bureau of Investigation, United States Department of Justice, as a Special Agent, Grade GS **10, \$10,252** per annum less 6½% deduction for retirement purposes. Following assignment to a field office, additional compensation in the amount of **\$2538** per year may be earned for overtime performance in connection with official duties provided certain necessary requirements are met. Your salary will also be subject to the necessary Federal Withholding Tax. Positions in the Federal Bureau of Investigation are excepted by law from the competitive Civil Service, in view of which your acceptance of this appointment will automatically constitute relinquishment during your tenure of any such competitive status you may have acquired. This appointment is subject to cancellation or postponement at any time prior to your entry on duty. In accepting this appointment, you will be expected to remain on duty for a minimum period of three years contingent upon your maintaining a satisfactory work record. This appointment letter, which should be considered strictly confidential and given no publicity, should be presented when you report for oath of office.

Inasmuch as this appointment is probationary for a period of one year, after which it will become permanent, it will be necessary for you to demonstrate during the probationary period your fitness for continued employment in the Federal Bureau of Investigation. It is understood you are to proceed on orders to any part of the United States or its possessions where the exigencies of the service may require and it should be clearly understood that you will continue to be completely available for any assignment whenever and wherever the needs of the service demand. Further, you cannot expect an assignment to an office of your own preference. You should, therefore, so arrange your personal matters before taking oath of office that you will be able to accept any assignment wherever the exigencies of the service may require. Any expenses incurred in proceeding to Washington, D. C., to assume your official duties must be borne by you.

Carefully read the additional information enclosed with this letter and notify this Bureau by return mail if this appointment is accepted, otherwise it will be cancelled. Should you accept, you are directed to report for oath of office and assignment to Room 5231, Department of Justice Building, 9th Street and Pennsylvania Avenue, Northwest, Washington, D. C., at 9 A. M. on **November 17, 1969.**

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Cincinnati
(67-20698)

Sincerely yours,
J. Edgar Hoover

John Edgar Hoover
Director

1 - [redacted]
mkj (5) (67-672374)

Enc. (4) MAIL ROOM ☐ TELETYPE UNIT ☐

Based on memo from J. B. Adams to Mr. Callahan dated 9-8-69 WBH:gm's

b6
b7C

F B I

Date: 8/20/69

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Mohr	_____
Mr. Bishop	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO: DIRECTOR, FBI

FROM: SAC, WFO (67-73609) (P)

MICHAEL GARBER OXLEY
BUAP - SPECIAL AGENT

Re Cincinnati airtel 8/13/69, WFO teletype to Cleveland
8/19/69.

Applicant noted on application that he resided
102 2nd St., NE, WDC, from June to August, 1965. There is
no building in the 2nd St, NE, area designated as # 102,
and residents at 101 and 103 2nd St., NE, are not acquainted
with the applicant or his two months residence during 1965.

CREDIT AND POLICE AGENCIES

No record of applicant at Credit Bureau. Area
police agencies negative.

MISCELLANEOUS

No identifiable information in files of HCIS and no
record in the files of the CSC.

LEAD: WFO: Passport outstanding.

REC-144

③ - Bureau
1 - WFO

ELC:cn
(4)

29

Approved: _____ Sent _____ M Per _____
Special Agent in Charge

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : MR. CALLAHAN

DATE: September 8, 1969

FROM : J. B. ADAMS *JBAdms*

SUBJECT: MICHAEL GARVER OXLEY
Age 25; Single
Residence: Columbus, Ohio
SPECIAL AGENT APPLICANT

Oxley is being considered for the Special Agent position based on his J.D. Degree.

Oxley graduated from high school in 1962 where he participated in basketball, baseball, softball, and golf. He enrolled in Miami University 9/62 and graduated 4/66 with an A.B. Degree. Grades averaged 3.041 in a 4.0 rating system. The Dean advised Oxley was outstanding in respect to his activities in student affairs, having been vice-president of the Student Senate in his junior year and president in his senior year. The Dean described him as polite, courteous, intelligent, mature, and of good character. Oxley enrolled in Ohio State University Law School 10/66, graduating 6/69 with a J.D. Degree, ranking 98 in a class of 147 with a 2.70 grade average in a 4.0 system.

Previous employment was verified and comments are favorable. During the Summer of 1965 he worked as an intern for Congressman Jackson E. Betts (R-Ohio) who described Oxley as having good character, loyalty, morals, and being capable and he highly recommends him. References, social acquaintances and neighbors (including reference Congressman Betts) all recommend applicant highly. Applicant's father is an attorney. Applicant has [redacted] b6
[redacted] who recently graduated from Miami University, Oxford, Ohio. A reference indicated this [redacted] b7C
[redacted]
[redacted]
[redacted]
[redacted]

[redacted] a non-Hippie type, advised this brother is living with him. He advised the [redacted] graduated from college, is looking for a job, and may start graduate school this Fall. He stated the [redacted] is not a Hippie, although he does wear long hair. [redacted] has known applicant 15 years as a neighbor and schoolmate in Ohio and commented favorably concerning him. Oxley has a 2S (student deferment) draft classification and draft board will grant him an occupational deferment if he is appointed as a Special Agent.

WBH:gms *gms* (6)
2 - Mr. Casper (Direct)
1 - Mr. Clark (Direct)
1 - Mr. Burns (Direct) *44*
Enclosures (2)

REC-138

67-672378-16
Searched <i>gms</i>
10 SEP 18 1969 <i>9d</i>
(OVER)

Memo Adams to Callahan
Re: Michael Garver Oxley

Government medical examiner has certified Oxley for strenuous physical exertion. Medical report shows he is 6'2" tall, has a large frame, weighs 182 pounds, and maximum limit is 195 pounds. Uncorrected distant vision, hearing, and color vision are normal. Credit records are favorable for Oxley and his family. Arrest records for the family are confined to traffic citations. Oxley volunteered 3 speeding citations (1963, 1968 and 1969) and has been warned of his driving responsibilities if appointed Special Agent. SAC Morgan, Cincinnati Office, noted Oxley made an excellent initial impression and is likely to develop into an above-average Agent. He noted Oxley is a handsome, well-dressed young man whose appearance is outstanding. Oxley demonstrated extreme aggressiveness, was courteous, highly intelligent, has an athletic background, and SAC highly recommends him. He is available for the 11-17-69 New Agents' Class.

RECOMMENDATIONS:

1) That Michael Garver Oxley be offered an appointment to New Agents' Class of 11-17-69, no contingencies. Appointment letter attached for approval.

2) That attached letter be forwarded to Congressman Betts, who has expressed an interest in applicant. Our relations with Congressman Betts have been cordial.

DF
MS

✓

PM

me

RM

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

(Place) Columbus, Ohio

(Date) September 15, 1969

Dear Sir:

Having received an appointment for a position as Special Agent in the Federal Bureau of Investigation, United States Department of Justice, I hereby **agree and affirm** that I shall be governed by the following **conditions**:

1. I am required to proceed at my own expense to Washington, D. C., where I shall take the oath of office and enter on duty.
2. That my appointment is a probationary one.
3. That I shall remain on duty for a minimum period of three years, contingent upon a satisfactory work record.
4. That my retention in the Federal Bureau of Investigation is dependent upon the performance of satisfactory services, and if my services are deemed unsatisfactory it is understood that my employment may be discontinued at any time and that I shall not receive transportation to my home, or to any other point, at Government expense.
5. I may be sent to any part of the continental or territorial United States that the exigencies of the Bureau's work may require; that my headquarters may be fixed in some jurisdiction other than that in which I have heretofore resided; that my headquarters may be changed as the work of the Bureau may require and that no transfer will be made from one station to another for personal reasons.
6. That the **confidential character** of the relations of the employees of the Federal Bureau of Investigation with the public is fully understood by me, and that the **strictly confidential character of any and all information secured by me**, in connection directly or indirectly with my work as a Special Agent, or the work of other employees of which I may become cognizant, is fully understood by me, and that **neither during my tenure of service with the Federal Bureau of Investigation nor at any other time shall I violate this confidence, and I agree and affirm that I shall not divulge any information of any kind or character whatsoever that may become known to me, to persons not officially entitled thereto at any time.**

I understand all of the foregoing and the conditions specified herein are agreeable to me **without reservation of any kind**. I **agree and affirm** that I shall abide by the foregoing conditions, and I am fully cognizant that the provisions mentioned above are to be complied with by me and they are a **part of my appointment**.

Very truly yours,

Michael G. Oxley



THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (

) DATE: 8-19-69

FROM : SAC, CLEVELAND

(67-15467)

SUBJECT: MICHAEL GARBER OXLEY
BUAP - SASOG ACTION:
(Records Branch)☐ Post and destroy
☐ File

This case will be delinquent.

Date of Bureau deadline: 8-20-69

Reason for the delinquency: Delayed in mail; to be received RA 8-20-69.

Date the report or necessary communication will reach the Bureau: 8-23-69.

AEC zone designation; e. g., OR, CH, etc.:
(This applies only to 116 cases.)☒ No administrative action necessary.① - Bureau
1 - Cleveland

SF: drw

(2)

NOT RECORDED

THREE

SEP 18 1969 29

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI (67-672374)

DATE: 8/22/69

pmm
sr
FROM : SAC, CINCINNATI (67-20698) (P)

SUBJECT: MICHAEL GARVER (OXLEY)
BUAP - SA
BUDED: 8/20/69

Re Cincinnati airtel to Bureau, 8/13/69.

On 7/23/69, applicant was afforded a physical examination at Lockbourne AFB, Columbus, Ohio. *det*

Enclosed herewith are the results of this examination as set forth in two copies of Standard Form 88 (report of medical examination), two copies of form FD-300 (attachment to Standard Form 88), and Standard Form 89 (report of medical history).

② - Bureau (Enc.5)
2 - Cincinnati

KRK/mjv
(4)

only 4 enclosures
4-ENCLOSURE

RECEIVED

THREE
dmh



8/19/69

PLAINTEXT

TELETYPE

DEFERRED

TO: SAC, CLEVELAND

FROM: SAC, WFO (67-73609)

MICHAEL GARBER OXLEY, BUAP-SPECIAL AGENT, BUDED EIGHT TWENTY NEXT. RECIAIRTEL EIGHT THIRTEEN LAST. SEE URCOPY.

APPLICANT'S REFERENCE AND EMPLOYER, UNITED STATES REPRESENTATIVE JACKSON E. BETTS, IS UNAVAILABLE IN WASHINGTON, D. C. HE WILL BE AVAILABLE THURSDAY, EIGHT TWENTYONE NEXT, AT THE DISTRICT OFFICE, ROOM THREE ONE FOUR, RICHLAND TRUST BUILDING, MANSFIELD OHIO, TELEPHONE FOUR ONE NINE FIVE TWO FIVE THREE TWO THREE SIX.

CV. HANDLE. BUREAU ADVISED. P.

1-Teletype Unit
①-Bureau
2-WFO

ELC/AM:am
(4)

TELETYPE

NOT RECORDED

5 SEP 18 1969

29

THREE

NR 8-20 3/8

AUG 19 1969

(4)

11029
OCT 28 1969

(4)

116

cph

Ref.

8/19/69

MICHAEL GARVER OXLEY ^{RNR} DOB 2/11/44 ⁶⁷⁻⁶⁷²³⁷⁴ SPECIAL-AGNET
Ohio, Wash., D.C., England, France, Spain, Italy, Belgium, Germany, Netherlands,

FATHER: ^{NR} GEORGE GARVER ^{RNR} OXLEY ^{RNR} 1/4/19, Attorney, Ohio,

MOTHER: ^{NR} MARILYN MAXINE ^{RNR} WOLFE ^{RNR} OXLEY ^{NR} 7/17/17, Hwsf., Ohio,

BROTHER:

b6
b7C

NOT RECORDED

3 OCT

20 AUG

3/dina

5 SEP 18 1969 27

FEDERAL BUREAU OF INVESTIGATION
COMMUNICATIONS SECTION

P
FBI WASH DC

NOV 10 1969

no
TELETYPE

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Walters	_____
Mr. Mohr	_____
Mr. Bishop	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Soyars	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

FBI CLEVELAND

644PM

FBI CLEVELAND

URGENT MJB 11-10-69

TO: DIRECTOR

FROM: CLEVELAND (67-15467)

MICHAEL GARVER OXLEY. BUREAU APPOINTEE-TO EOD. NOV. SEVENTEEN
NEXT.

RE BUREAU TELCALL TO CLEVELAND NOV. TEN INSTANT.

NO CREDIT OR ARREST RECORD LOCATED FOR APPOINTEE, CLEVELAND,
OHIO.-RUC

END.

WJM

FBI WASH DC

TUXP

b6
b7C

REC-133

67-15467-17
Searched
6 NOV 12 1969

NOV 17 1969

74

3/mjs

F B I

Date: **10/27/69**Transmit the following in _____
(Type in plaintext or code)Via Airtel _____
(Priority)To: SAC, **Cincinnati (67-20698)**From: Director, FBI **(67-672374)**~~MICHAEL G. OXLEY~~~~Special Agent~~ Appointee, SOGTo EOD **11/17/69****BUDED; 11/7/69**The following action should be taken in connection with the above-named appointee, with results showing above caption to reach Bureau without fail by **11/7/69**.

- ☒ Conduct appropriate supplemental credit and criminal checks on:
☒ Applicant Applicant's ☐ wife ☐ fiancée ☐ parents
- ☒ Verify ☐ receipt of degree and good standing with school at time of graduation.
☒ that applicant remains in good standing with present employer. **(Ohio State Attorney General's Office)**
- ☐ Determine if applicant has had employment of 30 days' or more duration not shown on application and, if so, conduct appropriate investigation.
- ☐ At a Government facility, have applicant undergo
☐ new chest X-ray, serology and urinalysis tests.
☐ a complete new physical examination.
- ☐ Determine applicant's current weight by weighing him in your office.
- ☐ **Clerks Only:** Contact applicant to insure there are no problems in connection with reporting to Seat of Government as scheduled. If no problems exist, conduct up-to-date credit and arrest checks submitting results to Bureau by above Buded.

MAILED 4

OCT 27 1969

COMM-FBI

67-NOT RECORDED-5

Tolson _____
 DeLoach _____
 Mohr _____
 Bishop _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

(4)

MJS/mjy

NOV 7 1969

Sent Via

MAIL ROOM ☐TELETYPE UNIT ☐

M

Per _____

F B I

Date: 11/4/69

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Walters	_____
Mr. Mohr	_____
Mr. Bishop	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Soyars	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO: DIRECTOR, FBI (67-672374)

FROM: SAC, CINCINNATI (67-20698) (RUC)

SUBJECT: MICHAEL G. OXLEY
SPECIAL AGENT APPOINTEE, SOG
TO EOD 11/17/69
Buded: 11/7/69

Re Bureau airtel to Cincinnati, 10/27/69.

On 10/31/69, [redacted] Clerk,
Credit Bureau of Columbus, Inc., 170 East Town Street,
Columbus, Ohio, advised there is no record in the files of
that agency for OXLEY.

[redacted] Clerk, Record Room,
Columbus, Ohio, PD, on 10/31/69, advised there is no
record for OXLEY in the files of that agency.

[redacted] Chief of Administrative
Agencies, Office of Attorney General, State of Ohio,
Statehouse, Columbus, Ohio, on 10/31/69 advised that
effective 10/1/69 OXLEY was transferred from the AG's
Office, Columbus, Ohio, to the AG's Office, Cleveland,
Ohio. On 11/1/69 his resignation took effect. [redacted]

[redacted] said OXLEY remained an excellent employee in
good standing until the day of his resignation and he
knows of nothing derogatory concerning him.

② - Bureau
1 - Cincinnati

RFM/jns
(3)

REC-100

Searched

6 NOV 12 1969

SA [redacted]
APPROVED AND
CHECK
FOR C.R.E.
APPLICANT.
PAP
11/14/69

Approved: _____ Sent _____ M Per _____

Special Agent in Charge

January 28, 1970

Mr. Michael G. Oxley
Federal Bureau of Investigation
Washington, D. C.

Dear **Mr. Oxley:**

Your headquarters are changed for official reasons from
Washington, D. C., to Boston, Massachusetts,
 effective upon your arrival there on or after this date. Travel and transportation expenses and applicable allowances and benefits for you and your dependents incidental to this transfer as provided by the Administrative Expenses Act of 1946, as amended; Bureau of the Budget Circular Number A-56, dated October 12, 1966, and implementing regulations prescribed by this Bureau, shall be paid to you or on your behalf. However, before these expenses can be paid by the Government you must agree in writing (Bureau Form 3-34b) to remain with the FBI for one year following the first day you report for duty at the new station. If you are being transferred to a duty station outside the continental United States only the written agreement form, FD-382, need be executed.

Very truly yours,

J. Edgar Hoover
 John Edgar Hoover
 Director

REC-140

67-672374-19
 7 JAN 29 1970
 62

Enclosure

Boston

1 - SAC, Boston 2-27-70 Above agent will complete his course of training at Washington on 2-27-70. Promptly advise Bureau the date of his arrival. You are personally responsible to insure that his indoctrination, assignments, training and performance ratings conform with the provisions of the Manual of Rules and Regulations.

MAILED 4
 JAN 28 1970

COMM-FBI

Tolson _____
 DeLoach _____
 Mohr _____
 Bishop _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

1- Assistant Director, Training Division (Personal Attention) (Enclosures 2) Have above Agent execute the enclosed Forms 3-34b and return the original and copy to the Administrative Division.
 1- Payroll Distribution

jae

(6)

MAIL ROOM

TELETYPE UNIT

FEB 3 1970

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICEDate 1/8/70I certify that I have ☒ received ☐ returned the following Government property for official use:
from QuanticoS & W MILITARY AND POLICE REVOLVER # D153024 ✓
HOLSTER AND ADAPTERCOLT OFFICIAL POLICE REVOLVER # _____
HOLSTER AND ADAPTER

FILE

3/ AK

READ

The Government property which you hereby acknowledge
is charged to you and you are responsible for taking care
of it and returning it when its use has been completed.DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN
ANY WAY

Very truly yours,

(Signature)

(Typed name)

Michael G. Oxley

SELECTIVE SERVICE SYSTEM
CLASSIFICATION ADVICE

23 Dec. 1969

(Date of mailing)

YOU ARE ADVISED THAT

Michael Garver Oxley
(First name) (Middle initial) (Last name)

Selective Service No.

33	56	111	111
----	----	-----	-----

has been classified

in Class II-A until 19 Nov., 1970
by Local Board unless otherwise checked below

By ☐ Appeal Board, by vote of _____ to _____
☐ President

Date of mailing Notice of
Classification to registrant 18 Dec. 1969

Classification appealed from I-A

Solomon E. Wilch
(Member, Executive Secretary, or Clerk of Local Board)

SSS Form 111 (Rev. 5-25-67) (Approval not required)
(Previous printings are obsolete.)

SELECTIVE SERVICE SYSTEM
OFFICIAL BUSINESS

Local Board No. 56
Selective Service System
Rm 136, Post Office Bldg
Findlay, Ohio 45840

(LOCAL BOARD STAMP)

POSTAGE AND FEES PAID
SELECTIVE SERVICE SYSTEM

TO:

Attn: Mr. J. E. Hoover,
Director

U.S. Dept. of Justice
Federal Bureau of Investigation
Washington, D.C. 20535

15 **THREE**
DEC 1969

NOTICE OF RIGHT TO APPEAL

The registrant's Selective Service Number shown on the reverse side of this card, should be included in all communications with the local board.

Any person who claims to be a dependent of a registrant or any person who, prior to the classification appealed from, filed a written request for the current occupational deferment of a registrant, may appeal to the appeal board from classification by the local board by filing a written notice of appeal with the local board within one of the following periods after the date of mailing the Notice of Classification to the registrant, whichever is applicable:

- (1) 30 days if the registrant is located in the United States, its territories, possessions, Canada, Cuba, or Mexico OR:
- (2) 60 days if the registrant is located in a foreign country other than Canada, Cuba, or Mexico.

The person taking the appeal may file with the local board a written request that the appeal be submitted to the appeal board having jurisdiction over the area in which the principal place of employment or current place of residence of the registrant is located.

Any person who claims to be a dependent of a registrant or any person who, prior to the classification appealed from, filed a written request for the current occupational deferment of the registrant, may appeal to the President from classification by the appeal board by filing a written notice of appeal with the local board within 30 DAYS after the date of mailing the Notice of Classification to the registrant when one or more of the members of the appeal board dissented from such classification. There is no right of appeal from the decision of the President.

The local board of jurisdiction may permit any person who is entitled to appeal to the appeal board or to the President to do so even though the period within which the appeal may be taken has elapsed, if it is satisfied that the failure of such person to appeal within such period was due to a lack of understanding of the right to appeal, or to some other cause beyond the control of such person.

Each person who has filed a request for the registrant's deferment shall, within 10 days after it occurs, report to the local board in writing any fact that might result in the registrant being placed in a different classification, such as, but not limited to, any change in his occupational, marital, military, or dependency status, or in his physical condition.

NOT RECORDED
6 JUN 6 1970 (93)

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
DeLoach _____
Walters _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

TO : Mr. Casper

DATE: 12/23/69

FROM : S. Tullai *ST/ST*

SUBJECT:

SA
SA
SA

SA ~~MICHAEL G. OXLEY~~

NAC #10, EOD 11/17/69

BURGLARY OF RESIDENCE 12/22/69

Captioned Agents reside at 3309 Dodge Park Road, Apt. #104, Landover, Maryland. At 6:30 p.m., on 12/22/69, the Agents returned home from class and discovered that a portable television and portable stereo set had been removed from the apartment. These items, the property of SA [redacted] are valued at approximately \$150 and nothing else in the apartment had been disturbed. No Bureau property was taken.

The Agents advise that entry was probably gained through a kitchen window which is on ground level and which they were unable to lock. The Agents were instructed to insure that the management installs a lock on the window without delay.

The burglary was reported to the Prince George's County Police by SA [redacted] and no publicity is anticipated.

ACTION:

For information.

- 1 - [redacted]
- 1 - Administrative Division
- 1 - [redacted]
- 1 - [redacted]

BDW:slb

(6)

M/K
8 JAN 6 1970
49

REC-146

67-645248-47
Search
6 DEC 31 1969

b6
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b6
b7C

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b7C

If typewriter is not available, bear down with ballpoint pen to make legible copies.

		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <small>(Read instructions on back of last page. Use only typewriter or ballpoint pen.)</small>			New Carrier's Control No. 12591451	
		TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.				Old Carrier's Control No.
PART A ALL WHO REGISTER MUST FILL IN THIS PART. 2	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) OXLEY MICHAEL G.		2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR 2 11 44		3. ARE YOU NOW MARRIED? YES <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2	
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE) 9th & Penn Ave., N. W., Washington, D. C. 20535				5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2	
IMPORTANT IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE FAMILY ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. SIMILARLY, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.						
PART B FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN: If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2. IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from back page of brochure of the plan you select.)					
	NAME OF PLAN SAMBA		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER 4 4 1	
2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file.) DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.						
NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)
Wife or Husband		1				6
		2				7
		3				8
		4				9
		5				10
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES:					
	1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM. <input type="checkbox"/>			2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW: <input type="checkbox"/>		
						Present Enrollment Code Number
PART D FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR REGISTRATION.	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.					
	1. ENROLLMENT CODE NUMBER OF PRESENT PLAN.		2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of duplicate for proper number.)		3. DATE OF EVENT WHICH PERMITS CHANGE.	
				MONTH DAY YEAR		
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	Michael G. Oxley 11/24/69 (YOUR SIGNATURE—DO NOT PRINT) (DATE)				WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)	
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE James B. Adams FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D. C. 20535 (SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)		2. DATE RECEIVED IN EMPLOYING OFFICE 11-26-69		3. EFFECTIVE DATE OF ELECTION 11-30-69	
			4. PAYROLL OFFICE NO. 15-02-0001		5. SF 2811 REPORT NO. 69-447	
REMARKS FOR USE ONLY BY AGENCY.	Appointed 11-17-69 NOT RECORDED DEC 15 1969 9/10/69					

INSTRUCTIONS FOR EMPLOYEES AND ANNUITANTS

(READ CAREFULLY BEFORE COMPLETING FORM)

Before enrolling, employees should study Standard Form No. 2809-A, The Federal Employees Health Benefits Program. Annuityants should read BRI 41-118, Information For Annuityants. If you need information or help, consult the person or office which usually advises you on personnel matters. You can also obtain information and assistance from any office of the U.S. Civil Service Commission.

COMPLETION OF FORM

1. Use typewriter or beat down with ballpoint pen to make legible copies. Sign Part E and submit all copies to your employing office. Do not detach.
2. If you wish to enroll, fill in Parts A, B, and E.
3. If you do not wish to enroll or if you are enrolled and wish to cancel your enrollment without joining another plan, fill in Parts A, C, and E.
4. If you wish to change your enrollment from Self Only to Self and Family (or the reverse) or if you wish to change from your present plan or option to another plan or option, fill in Parts A, B, D, and E.

DUAL ENROLLMENT PROHIBITED

If your wife or husband works for the Government, you may each enroll for Self Only or one of you may enroll for Self and Family. No person may be enrolled both as an employee or annuityant AND as a member of a family.

ENROLLMENT CODE NUMBER

The enrollment code number you fill in shows the plan and option in which you will be enrolled. It also shows whether you are enrolling for Self Only or Self and Family. Be sure you copy the name of the plan and the enrollment code number from the brochure correctly.

ENROLLMENT IN A COMPREHENSIVE PLAN

If you enroll in a comprehensive plan (group-practice or individual-practice), be sure you are in the geographic area served by the plan; otherwise, you may be entitled only to the plan's out-of-area benefits.

ENROLLMENT IN AN EMPLOYEE ORGANIZATION PLAN

If you enroll in an employee organization plan, you must be (or become) a member of the organization which sponsors the plan. Your membership will be verified.

IF YOU ARE REGISTERING FOR SOMEONE ELSE

If you are registering for an employee or annuityant under a written authorization from him, to do so, sign your name and attach the written authorization.

MEDICAL CERTIFICATES

1. If you enroll for Self and Family and the family includes a child over age 22 who is incapable of self-support because of mental or physical incapacity, you must attach a certificate signed by a doctor which gives the following information:

A. The child's name.

B. The nature of the child's disability.

C. The period of time the disability has existed.

D. The probable future course and duration of the disability.

E. The doctor's name and address.

2. The decision of your employing office concerning the disability is final and unless the child's disability is considered permanent, the doctor's certificate may have to be renewed from time to time.

3. In the case of a disabled child under age 22 whose disability is expected to continue beyond age 22, a doctor's certificate should be filed with your employing office at least 30 days before the child's 22d birthday; otherwise, he may no longer be covered as a member of the family.

4. If you are changing your enrollment, a new medical certificate is not required if one is already on file.

ANNUITANTS

1. If you are an annuityant under the Civil Service Retirement System, the Bureau of Retirement and Insurance, U.S. Civil Service Commission, Washington, D.C., 20415, acts as your "employing office."

2. If your annuity is being paid by a system other than the Civil Service Retirement System, the agency which authorizes payment of your annuity acts as your "employing office."

3. If you are in receipt of monthly compensation from the Bureau of Employees' Compensation and have been found unable to return to duty, the Bureau of Employees' Compensation, Department of Labor, acts as your "employing office."

FUTURE CHANGES IN ADDRESS OR FAMILY

After you file the registration form, you do NOT have to report future changes in your family or in your address to your employing office, although the plan in which you enroll may ask you to supply it directly with this information. You should, however, immediately notify your employing office when you become the only person covered by the family enrollment so that your enrollment may be changed to Self Only. You should also notify your employing office if you are enrolled for Self Only and get married or otherwise add family members, so you can change to family coverage.

CHANGES IN ENROLLMENT

You may have other opportunities to change your enrollment; or, if you previously elected not to enroll, you may have an opportunity to enroll in a plan. A table summarizing the various opportunities for employees to change and the time limit within which a change must be made appears on the back of the duplicate of this form. It also appears in Standard Form No. 2809-A. If you do not have a copy of that form, you should get one from your employing office.

CANCELLATION OF ENROLLMENT

You may register to cancel your enrollment at any time. See the back of the duplicate of this form for information on effective dates.

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last) <i>Oxley</i>	(first) <i>Michael</i>	(middle) <i>Garver</i>	DATE OF BIRTH (month, day, year) <i>2/11/44</i>	SOCIAL SECURITY NUMBER <i>278 40 8366</i>
EMPLOYING DEPARTMENT OR AGENCY <i>FBI</i>			LOCATION (City, State, ZIP Code) <i>Washington, D.C.</i>	
HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES," your last such form remains in effect and you should not file this new form unless you want to change the old one. (See Instructions for Employees on page 4.)				

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☐
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☒
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**DATE AND SIGN. RETURN THE ENTIRE FORM TO
YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

Michael L. Oxley
DATE *11/18/69* 8 1969 88

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

NOV 25 1969

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176
APRIL 1968
FPM Supplement 870-1

INSTRUCTIONS TO EMPLOYING AGENCIES

1. *Who must file.*—SF 176 must be filed by—

- a new employee who is not excluded by law or regulation from insurance. This includes one with prior Government service that ended before February 14, 1968, and for whom no SF 176-T is on file,
- an employee appointed to a nonexcluded position following service during which he was ineligible for insurance,
- an employee desiring to change his insurance coverage.

Give a **new employee** copies of SF 176 and SF 176-A when he reports for duty and ask him to return the completed SF 176 showing his election promptly (preferably before the end of the first day period) but in no case later than 31 days after his appointment date.

An employee with prior Government service in a non-excluded position from which he was separated after February 14, 1968, will have an SF 176 (or SF 176-T) on file in his official personnel folder. This election, declination, or waiver remains in effect, and he is accordingly insured, or not insured, in his new employment. He is not required to file a new SF 176.

Until his election, declination, or waiver can be verified, make deductions based on his statement concerning earlier insurance coverage in his "Declaration of Appointee" (SF 61).

An employee with newly acquired insurance eligibility (e.g., one transferred or converted from an excluded to a nonexcluded position or status), must be given the same opportunity to complete an SF 176 as a new employee.

An employee desiring to change his insurance may at any time file an SF 176 declining his optional insurance or waiving his regular (and optional, if any) insurance.

An employee who is under age 50 may also request a cancellation of a waiver of regular insurance or a declination of optional insurance any time after it has been in effect one year. The employee is first required to submit a "Request for Insurance" (SF 51). If the Office of Federal Employees' Group Life Insurance approves the SF 51, notify the employee and ask him then to submit an SF 176 showing his election.

2. Employees failing to file.—If a new employee (or newly eligible employee) does not promptly return a completed SF 176, contact him and urge him to do so even if he does not want optional insurance. (He will, of course, be automatically covered for regular insurance.)

If he still fails to file an SF 176 within 31 days after appointment (or after becoming eligible), file one for him as of that date; mark box **B**, and note in the space provided for his signature "employee contacted on (date) — failed to elect optional insurance."

3. Review of completed SF 176.—Review both copies of the SF 176 to see that it is legible, complete, and correct. If employee waives (marks box **C**) it is advisable to contact him and ascertain whether this expresses his intention or is an error on his part.

4. Date of receipt and effective date.—Stamp date of receipt by employing office in the space provided for this purpose on both the original and the duplicate. The date of receipt automatically determines the effective date as shown in the table below.

5. Disposition of SF 176.—File the original SF 176 in the official personnel folder in all cases. The duplicate may be destroyed if not needed for payroll purposes or after the requirements of the agency's payroll system have been met.

TABLE OF EFFECTIVE DATES
New employee (never before filed SF 176 or SF 176-T)

EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Elects optional	OPTIONAL coverage effective on date SF 176 received by employing office or on first day in duty and pay status, if later; REGULAR coverage effective on first day in duty and pay status.	OPTIONAL and REGULAR deductions begin with pay period in which coverages are effective.
Declines optional	Declination effective on date SF 176 received in employing office; REGULAR coverage effective on first day in duty and pay status.	REGULAR deductions begin with pay period coverage is effective. No OPTIONAL deductions.
Waives insurance	If received during first pay period, waiver effective on receipt; if received after first pay period, then on last day of pay period in which received.	No deductions if waiver received during first pay period; REGULAR deductions, if begun, stop last day of pay period in which waiver is received.

Present or former employee (previously filed SF 176 or SF 176-T)

PRESENT INSURANCE COVERAGE	EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Waived coverage	Elects optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI; OPTIONAL coverage effective on first day in duty and pay status after date of approval of SF 51 and receipt of SF 176 by employing office.	OPTIONAL and REGULAR deductions begin with pay period in which respective coverages are effective.
Waived coverage	Declines optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI.	REGULAR deductions begin with pay period in which coverage is effective.
Has regular insurance only	Elects optional	OPTIONAL coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI and receipt of SF 176 by employing office.	OPTIONAL deductions begin with pay period in which coverage is effective.
Has regular and optional insurance	Declines optional	Cancellation of OPTIONAL coverage effective on last day of pay period in which SF 176 received; REGULAR coverage continues.	OPTIONAL deductions stop last day of pay period in which declination is received; REGULAR deductions continue.
Has regular (or regular and optional) insurance	Waives insurance	Waiver of REGULAR coverage (and cancellation of OPTIONAL, if any) effective on last day of pay period in which received.	REGULAR (and OPTIONAL, if any) deductions stop on last day of pay period in which waiver is received.

NOTES: 1. Approval by OFEGLI of a "Request for Insurance" (SF 51) is good for only 31 days. Regular coverage cannot become effective if employee is not in duty and pay status within 31-day period. Optional coverage cannot become effective unless the employee is in duty and pay status and also returns an SF 176, showing an election of optional insurance, to his employing office within the 31-day period. If approval of SF 51 expires, new SF 51 must be submitted to OFEGLI.

2. An employee for whom the agency files SF 176 because he failed to do so is deemed to have declined optional, but not regular, insurance.

3. The effective date of regular (and optional, if not declined) coverage for an employee who has been on leave without pay for more than 12 months is the first day he is in pay and duty status. Deductions are effective the same day.

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

11/17/69I certify that I have ☒ received ☐ returned the following Government property for official use:BUREAU BADGE WITH CASE # 6189 ✓FBI HANDBOOK # 9932 ✓AGENT BRIEF CASE ☒ ✓

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

NOT RECORDED

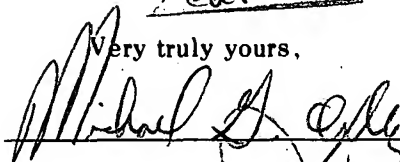
7 DEC 4 1969

FILE

31 can

Very truly yours,

(Signature)




(Typed name)

Michael G. Oxley

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

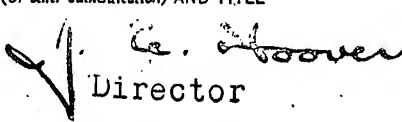
1. NAME (CAPS) LAST—FIRST—MIDDLE OXLEY, MICHAEL G.		MR.—MISS—MRS. (MR.)	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 2-11-44	4. SOCIAL SECURITY NO. 278-40-8366	
5. VETERAN PREFERENCE 1 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE 11-17-69		
9. FEGLI 3 1—COVERED (Regular only—declined Optional) 2—INELIGIBLE 3—WAIVED 4—COVERED (Reg. & Opt.)			10. RETIREMENT 1 1—CS 2—FICA 3—FS 4—NONE 5—OTHER			11. (FOR CSC USE)
12. CODE NATURE OF ACTION EXCEPTED APPOINTMENT			13. EFFECTIVE DATE (Mo., Day, Year) 11-17-69		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW	
15. FROM: POSITION TITLE AND NUMBER			16. PAY PLAN AND OCCUPATION CODE		17. (a) GRADE OR LEVEL (b) STEP OR RATE	18. SALARY
19. NAME AND LOCATION OF EMPLOYING OFFICE						

20. TO: POSITION TITLE AND NUMBER Special Agent 61-F-45 170		21. PAY PLAN AND OCCUPATION CODE GS Series 1811	22. (a) GRADE OR LEVEL (b) STEP OR RATE 10 1	23. SALARY \$10,252 pa
24. NAME AND LOCATION OF EMPLOYING OFFICE				

25. DUTY STATION (City—county—State)		26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2

30. REMARKS: **21** A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING **11-17-69**
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐ C. DURING PROBATION

67-NOT RECORDED
12 DEC 1 1969

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) 11-17-69		34. SIGNATURE (Or other authentication) AND TITLE  Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE 11-19-69	
33. CODE EMPLOYING DEPARTMENT OR AGENCY DJ 02 FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535			



November 19, 1969

Local Board Number 56
Selective Service System

Room 136
Post Office Building
Findlay, Ohio 45840

RE: MICHAEL GARVER OXLEY
Selective Service Number
33 56 44 44

Gentlemen:

The above-named individual is presently employed as a Special Agent of the FBI, and as such is charged with the duty of investigating violations of the laws of the United States. In view of the nature of his duties, it is requested that you place him in classification II-A.

The following information is being submitted to assist you in making a decision in this case. Responsibility for maintenance of the domestic security was reposed in the FBI in 1939. This Bureau's investigative jurisdiction embraces espionage, sabotage, treason, and related domestic intelligence operations, and our Special Agent personnel receive intensive training in each field of investigation. In addition, we have investigative jurisdiction over many violations of other criminal and civil statutes. It would be a great loss to be deprived of the services of these employees in a critical period. Furthermore, the position of Special Agent of the FBI is included within the occupational category "Federal Security Specialist" on the List of Critical Occupations for Screening the Ready Reserve.

I hope the above facts are sufficient for your Board to give favorable consideration to our request for placing this Special Agent in classification II-A. You may be assured that I will communicate with you promptly in the event he should terminate his services.

1 - Training Division (NAC #10)

pjh*ph (4)

Very truly yours,

NOTE: Address taken from

Local Board Address Book.

Bureau name is Michael G.

John Edgar Hoover
Director

RECORDED

NOV 21 1969

MAIL ROOM TELETYPE UNIT

Tolson _____
DeLoach _____
Walters _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

JUSTICE *Special Agent*
(Position to which appointed)
FBI
(Department or agency)
WASHINGTON, D. C.
(Bureau or division) (Place of employment)
I, *Michael Garver Oxley*, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Michael G. Oxley
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this *17* day of *Nov* A.D. 19*69*

at **WASHINGTON, D. C.**
(City)

(State)

[SEAL]

(Signature of officer)
ACT OF JUNE 26, 1943
(Title)

Commission expires _____

(If by a Notary Public, the date of expiration of his Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

U.S. GOVERNMENT PRINTING OFFICE: 1968-O-293-955
47
1 NOV 19 1969

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b6
b7C

Certification Pertaining to Membership in
Organizations Cited by Attorney General
FD-230 (Rev. 4-14-61)

Name (please type or print) <u>Michael Garver Oley</u>	Office or Division <u>FBI</u>
--	-------------------------------

1. Are you now or have you ever been a member of, contributed to, affiliated or associated with, any organization listed in this certificate?

☐ Yes

☒ No

2. If your answer is "Yes" state the name of the organization, dates of membership and extent of participation. An explanation regarding membership in any of these organizations may be enclosed herewith on a separate sheet of paper, if you desire to explain the circumstances of your membership.

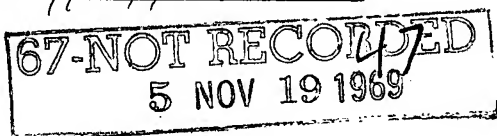
Name	Address	From	To	Office Held

Certification

I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I make this statement with the understanding that it will be used by the Department of Justice in carrying out the provisions of Executive Order 10450 and with knowledge that any false statement or omission of material fact may be sufficient cause for my dismissal or rejection of my application, and, further, may be cause for punishment as a violation of law including Section 1001, Title 18, U. S. Code.

Date 11-17-69

Signature Michael G. Oley
3/11/69



ORGANIZATIONS DESIGNATED BY THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO EXECUTIVE ORDER 10450.

Abraham Lincoln Brigade
 Abraham Lincoln School, Chicago, Ill.
 Action Committee to Free Spain Now
 Alabama People's Educational Association (See Communist Political Association.)
 American Association for Reconstruction in Yugoslavia, Inc.
 American Branch of the Federation of Greek Maritime Unions
 American Christian Nationalist Party
 American Committee for European Workers' Relief (See Socialist Workers Party.)
 American Committee for Protection of Foreign Born
 American Committee for Spanish Freedom
 American Committee for the Settlement of Jews in Birobidjan, Inc.
 American Committee for Yugoslav Relief, Inc.
 American Committee to Survey Labor Conditions in Europe
 American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
 American Council on Soviet Relations
 American Croatian Congress
 American Jewish Labor Council
 American League Against War and Fascism
 American League for Peace and Democracy
 American National Labor Party
 American National Socialist League
 American National Socialist Party
 American Nationalist Party
 American Patriots, Inc.
 American Peace Crusade
 American Peace Mobilization
 American Poles for Peace
 American Polish Labor Council
 American Polish League
 American Rescue Ship Mission (a project of the United Americans Spanish Aid Committee)
 American-Russian Fraternal Society
 American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union
 American Russian Institute, Philadelphia
 American Russian Institute of San Francisco
 American Russian Institute of Southern California, Los Angeles
 American Slav Congress
 American Women for Peace
 American Youth Congress
 American Youth for Democracy
 Armenian Progressive League of America
 Associated Klans of America
 Association of Georgia Klans
 Association of German Nationals (Reichsdeutsche Vereinigung)
 Ausland-Organisation der NSDAP, Overseas Branch of Nazi Party
 Baltimore Forum
 Benjamin Davis Freedom Committee
 Black Dragon Society
 Boston School for Marxist Studies, Boston, Massachusetts
 Bridges-Robertson-Schmidt Defense Committee
 Bulgarian American People's League of the United States of America
 California Emergency Defense Committee
 California Labor School, Inc., 321 Divisadero Street, San Francisco, California
 Carpatho-Russian People's Society
 Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
 Central Japanese Association (Beikoku Chuo Nipponjin Kai)
 Central Japanese Association of Southern California
 Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
 Cervantes Fraternal Society
 China Welfare Appeal, Inc.
 Chopin Cultural Center
 Citizens Committee to Free Earl Browder
 Citizens Committee for Harry Bridges
 Citizens Committee of the Upper West Side (New York City)
 Citizens Emergency Defense Conference
 Citizens Protective League
 Civil Liberties Sponsoring Committee of Pittsburgh
 Civil Rights Congress and its affiliated organizations, including:
 Civil Rights Congress for Texas
 Veterans Against Discrimination of Civil Rights Congress of New York
 Civil Rights Congress for Texas (See Civil Rights Congress.)
 Columbians
 Comité Coordinador Pro Republica Espanola
 Committee for a Democratic Far Eastern Policy
 Committee for Constitutional and Political Freedom
 Committee for Nationalist Action
 Committee for Peace and Brotherhood Festival in Philadelphia
 Committee for the Defense of the Pittsburgh Six
 Committee for the Negro in the Arts
 Committee for the Protection of the Bill of Rights
 Committee for World Youth Friendship and Cultural Exchange
 Committee to Abolish Discrimination in Maryland, also known as Congress Against Discrimination, Maryland Congress Against Discrimination, and Provisional Committee to Abolish Discrimination in the State of Maryland
 Committee to Aid the Fighting South
 Committee to Defend Marie Richardson
 Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners
 Committee to Uphold the Bill of Rights
 Commonwealth College, Mena, Arkansas
 Communist Party, U.S.A., its subdivisions, subsidiaries and affiliates
 Communist Political Association, its subdivisions, subsidiaries and affiliates, including:
 Alabama People's Educational Association
 Florida Press and Educational League
 Oklahoma League for Political Education
 People's Educational and Press Association of Texas
 Virginia League for People's Education
 Congress of American Revolutionary Writers
 Congress of American Women
 Congress of the Unemployed
 Connecticut Committee to Aid Victims of the Smith Act
 Connecticut State Youth Conference
 Council for Jobs, Relief and Housing
 Council for Pan-American Democracy
 Council of Greek Americans
 Council on African Affairs
 Croatian Benevolent Fraternity
 Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)
 Daily Worker Press Club
 Daniels Defense Committee
 Dante Alighieri Society (between 1935 and 1940)
 Dennis Defense Committee
 Detroit Youth Assembly
 East Bay Peace Committee
 Elsinore Progressive League
 Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee)
 Everybody's Committee to Outlaw War
 Families of the Baltimore Smith Act Victims
 Families of the Smith Act Victims
 Federation of Italian War Veterans in the U.S.A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)
 Finnish-American Mutual Aid Society
 Florida Press and Educational League (See Communist Political Association.)
 Frederick Douglass Educational Center
 Freedom Stage, Inc.
 Friends of the New Germany (Freunde des Neuen Deutschlands)
 Friends of the Soviet Union
 Garibaldi American Fraternal Society
 George Washington Carver School, New York City
 German-American Bund (Amerikadeutscher Volksbund)
 German-American Republican League
 German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
 Guardian Club
 Harlem Trade Union Council
 Hawaii Civil Liberties Committee
 Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaihei Nihonjin, Heiyaku Gimusha Kai, and Zaihei Heimusha Kai (Japanese residing in America Military Conscripts Association)
 Hellenic-American Brotherhood
 Hinode Kai (Imperial Japanese Reservists)
 Hinomaru Kai (Rising Sun Flag Society -- a group of Japanese War Veterans)
 Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)
 Hollywood Writers Mobilization for Defense
 Hungarian-American Council for Democracy
 Hungarian Brotherhood
 Idaho Pension Union
 Independent Party, also known as Independent People's Party (Seattle, Wash.)
 Industrial Workers of the World
 International Labor Defense
 International Workers Order, its subdivisions, subsidiaries and affiliates
 Japanese Association of America

Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)
 Japanese Overseas Convention, Tokyo, Japan, 1940
 Japanese Protective Association (Recruiting Organization)
 Jefferson School of Social Science, New York City
 Jewish Culture Society
 Jewish People's Committee
 Jewish People's Fraternal Order
 Jikyoku Iinkai (The Committee for the Crisis)
 Johnson-Forest Group, also known as Johnsonites
 Joint Anti-Fascist Refugee Committee
 Joint Council of Progressive Italian-Americans, Inc.
 Joseph Weydemeyer School of Social Science, St. Louis, Missouri
 Kibei Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan)
 Knights of the White Camellia
 Ku Klux Klan
 Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft)
 Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)
 Labor Council for Negro Rights
 Labor Research Association, Inc.
 Labor Youth League
 League for Common Sense
 League of American Writers
 Lictor Society (Italian Black Shirts)
 Macedonian-American People's League
 Mario Morgantini Circle
 Maritime Labor Committee to Defend Al Lannon
 Massachusetts Committee for the Bill of Rights
 Massachusetts Minute Women for Peace (not connected with the Minute Women of the U. S. A., Inc.)
 Maurice Braverman Defense Committee
 Michigan Civil Rights Federation
 Michigan Council for Peace
 Michigan School of Social Science
 Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)
 National Association of Mexican Americans (also known as Asociacion Nacional Mexico-Americana)
 National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)
 National Committee for Freedom of the Press
 National Committee for the Defense of Political Prisoners
 National Committee to Win Amnesty for Smith Act Victims
 National Committee to Win the Peace
 National Conference on American Policy in China and the Far East (a conference called by the Committee for a Democratic Far Eastern Policy)
 National Council of Americans of Croatian Descent
 National Council of American-Soviet Friendship
 National Federation for Constitutional Liberties
 National Labor Conference for Peace
 National Negro Congress
 National Negro Labor Council
 Nationalist Action League
 Nationalist Party of Puerto Rico
 Nature Friends of America (since 1935)
 Negro Labor Victory Committee
 New Committee for Publications
 Nichibei Kogyo Kaisha (The Great Fujii Theatre)
 North American Committee to Aid Spanish Democracy
 North American Spanish Aid Committee
 North Philadelphia Forum
 Northwest Japanese Association
 Ohio School of Social Sciences
 Oklahoma Committee to Defend Political Prisoners
 Oklahoma League for Political Education (See Communist Political Association.)
 Original Southern Klans, Inc.
 Pacific Northwest Labor School, Seattle Washington
 Palo Alto Peace Club
 Partido del Pueblo of Panama (operating in the Canal Zone)
 Peace Information Center
 Peace Movement of Ethiopia
 People's Drama, Inc.
 People's Educational and Press Association of Texas (See Communist Political Association.)
 People's Educational Association (Incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School

People's Institute of Applied Religion
 People's Programs (Seattle, Wash.)
 People's Radio Foundation, Inc.
 People's Rights Party
 Philadelphia Labor Committee for Negro Rights
 Philadelphia School of Social Science and Art
 Photo League (New York City)
 Pittsburgh Arts Club
 Political Prisoners' Welfare Committee
 Polonia Society of the IWO
 Progressive German-Americans, also known as Progressive German-Americans of Chicago
 Proletarian Party of America
 Protestant War Veterans of the United States, Inc.
 Provisional Committee of Citizens for Peace, Southwest Area
 Provisional Committee on Latin American Affairs
 Puerto Rican Comite Pro Libertades Civiles, also known as Comite Pro Derechos Civiles
 Puertorriquenos Unidos (Puerto Ricans United)
 Quad City Committee for Peace
 Queensbridge Tenants League
 Revolutionary Workers League
 Romanian-American Fraternal Society
 Russian American Society, Inc.
 Sakura Kai (Patriotic Society, or Cherry Association - composed of veterans of Russo-Japanese War)
 Samuel Adams School, Boston, Massachusetts
 Santa Barbara Peace Forum
 Schappes Defense Committee
 Schneiderman-Darcy Defense Committee
 School of Jewish Studies, New York City
 Seattle Labor School, Seattle, Washington
 Serbian-American Fraternal Society
 Serbian Vidovdan Council
 Shinto Temples (limited to State Shinto abolished in 1945)
 Silver Shirt Legion of America
 Slavic Council of Southern California
 Slovak Workers Society
 Slovenian-American National Council
 Socialist Workers Party, including American Committee for European Workers' Relief
 Sokoku Kai (Fatherland Society)
 Southern Negro Youth Congress
 Suiko Sha (Reserve Officers Association, Los Angeles)
 Syracuse Women for Peace
 Tom Paine School of Social Science, Philadelphia, Pennsylvania
 Tom Paine School of Westchester, New York
 Trade Unionists for Peace, also known as Trade Union Committee for Peace
 Tri-State Negro Trade Union Council
 Ukrainian-American Fraternal Union
 Union of American Croats
 Union of New York Veterans
 United American Spanish Aid Committee
 United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations
 United Committee of South Slavic Americans
 United Defense Council of Southern California
 United Harlem Tenants and Consumers Organization
 United May Day Committee
 United Negro and Allied Veterans of America
 Veterans Against Discrimination of Civil Rights Congress of New York (See Civil Rights Congress.)
 Veterans of the Abraham Lincoln Brigade
 Virginia League for People's Education (See Communist Political Association.)
 Voice of Freedom Committee
 Walt Whitman School of Social Science, Newark, New Jersey
 Washington Bookshop Association
 Washington Committee for Democratic Action
 Washington Committee to Defend the Bill of Rights
 Washington Commonwealth Federation
 Washington Pension Union
 Wisconsin Conference on Social Legislation
 Workers Alliance (since April 1936)
 Yiddisher Kultur Farband
 Young Communist League
 Yugoslav-American Cooperative Home, Inc.
 Yugoslav Seaman's Club, Inc.

THE FBI PLEDGE FOR LAW ENFORCEMENT OFFICERS

Humbly recognizing the responsibilities entrusted to me, I do vow that I shall always consider the high calling of law enforcement to be an honorable profession, the duties of which are recognized by me as both an art and a science. I recognize fully my responsibilities to defend the right, to protect the weak, to aid the distressed, and to uphold the law in public duty and in private living. I accept the obligation in connection with my assignments to report facts and to testify without bias or display of emotion, and to consider the information, coming to my knowledge by virtue of my position as a sacred trust, to be used solely for official purposes. To the responsibilities entrusted to me of seeking to prevent crime, of finding the facts of law violations and of apprehending fugitives and criminals, I shall give my loyal and faithful attention and shall always be equally alert in striving to acquit the innocent and to convict the guilty. In the performance of my duties and assignments, I shall not engage in unlawful and unethical practices but shall perform the functions of my office without fear, without favor, and without prejudice. At no time shall I disclose to an unauthorized person any fact, testimony, or information in any pending matter coming to my official knowledge which may be calculated to prejudice the minds of existing or prospective judicial bodies either to favor or to disfavor any person or issue. While occupying the status of a law enforcement officer or at any other time subsequent thereto, I shall not seek to benefit personally because of my knowledge of any confidential matter which has come to my attention. I am aware of the serious responsibilities of my office and in the performance of my duties I shall, as a minister, seek to supply comfort, advice and aid to those who may be in need of such benefits; as a soldier, I shall wage vigorous warfare against the enemies of my country, of its laws, and of its principles; and as a physician, I shall seek to eliminate the criminal parasite which preys upon our social order and to strengthen the lawful processes of our body politic. I shall strive to be both a teacher and a pupil in the art and science of law enforcement. As a lawyer, I shall acquire due knowledge of the laws of my domain and seek to preserve and maintain the majesty and dignity of the law; as a scientist, it will be my endeavor to learn all pertinent truth about accusations and complaints which come to my lawful knowledge; as an artist, I shall seek to use my skill for the purpose of making each assignment a masterpiece; as a neighbor, I shall bear an attitude of true friendship and courteous respect to all citizens; and as an officer, I shall always be loyal to my duty, my organization, and my country. I will support and defend the Constitution of the United States against all enemies, foreign and domestic; I will bear true faith and allegiance to the same, and will constantly strive to cooperate with and promote cooperation between all regularly constituted law enforcement agencies and officers in the performance of duties of mutual interest and obligation.

Name

Title

Law Enforcement Organization

City

State

11/17/69
Date

167-
RECORDED
4 NOV 1969

Michael H. Gely
Special Agent

FBI
Washington
City

D.C.
State

3 King

(Present address)

Washington, D. C.

(Date)

11/17/69

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

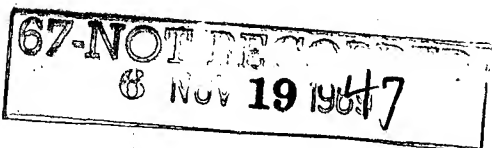
In accepting an appointment to a position in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that I will be governed by the following provisions:

1. That my retention in the Bureau will be contingent upon the performance of satisfactory services.
2. That the strictly confidential character of any and all information secured by me or coming to my attention in connection, directly or indirectly, with my work as an employee of this Bureau, or the work of other employees of which I may become cognizant, is fully understood by me; and that neither during my tenure of service with the Federal Bureau of Investigation, nor at any time, will I violate this confidence nor will I divulge any information of any kind or character whatsoever that may become known to me to persons not officially entitled thereto, recognizing applicability to me of penalty provisions in case of any violation by me.
3. That information referred to in Item 2 above includes but is by no means limited to information in the interests of the defense of the United States marked "Top Secret," "Secret," or "Confidential," and that Department of Justice regulations provide specifically for penalty applicable to me for any violation of Executive Order 10501, the basic authority for safeguarding such information, as follows: "Any officer or employee who violates any provision of Executive Order No. 10501, as amended, or of these regulations shall be subject to appropriate disciplinary action. Prompt and stringent administrative action shall be taken against any officer or employee determined to have been knowingly responsible for any release or disclosure of classified defense information or material except in the manner authorized by these regulations. Whenever a violation of criminal statutes may be involved in a deliberate unauthorized release or disclosure of classified defense information, criminal prosecution, in an appropriate case, shall also be instituted."

I further certify that the conditions specified herein are agreeable to me, and that I am entering on duty as an employee of the Federal Bureau of Investigation with a full knowledge of the conditions above set forth.

Very truly yours,

Michael J. O'Leary Special Agent
(Signature and Title of Position)



Subscribed and sworn to before me this

12 day of Nov, 19 69

(Signature of Officer)

UNDER AUTHORITY OF THE
ACT OF JUNE 26, 1943

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		Class # 10	EOD 11/17/69	
Name SA Michael G. Oxley	Age 25	Date of Birth 2/11/44	Height 6'2"	Weight 182
Place of Birth Findlay, Ohio		Legal Residence Findlay, Ohio		
Offices of Preference None		Member of Bar <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Ohio State		

MARITAL STATUS

<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Children 0 Number	Ages
Dependents 0 Number	Furniture 0 No. of Rooms	Location

EDUCATION

Secondary Schools & Colleges	Location	Degrees	Dates
Findlay High School	Findlay, Ohio	Diploma	9/59-6/62
Miami University	Oxford, Ohio	AB	9/62-4/66
Ohio State College of Law	Columbus, Ohio	JD	9/66-6/69

PREVIOUS EMPLOYMENT

Position	Organization	Location	Dates
Legal Aide	Attorney General of Ohio	Columbus, Ohio	6/67-10/69
Number Operator	Eastman Kodak	Findlay, Ohio	6/63- 6/67 (Summers)
Admin. Ass't.	Office of Lt. Governor of Ohio	Columbus, Ohio	1/67- 6/67
Intern	Office of Congressman Jackson E. Betts 8th Dist. of Ohio	Washington, D. C.	Summer 1965

MILITARY SERVICE

Branch of Service None	Dates	Rank Attained	Reserve Status <input type="checkbox"/> None <input type="checkbox"/> Ready <input type="checkbox"/> Standby
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COMMENTS OF COUNSELOR

SA *Bur*
(Full Name)

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SA Oxley is a mature, intelligent individual who makes an excellent impression. He is well-groomed and has a very pleasant personality. He is self-confident and has participated well in class discussions. His performance has been satisfactory in every respect. His grade average on written examinations has been 92.0, as compared to a class average of 93.8. There are no personal problems affecting his assignment.

NOT RECORDED
1 FEB 3 1970
46

JAN 29 1970

3 *vm*

Am

ADDENDUM OF ASSISTANT DIRECTOR J. J. CASPER: 1/21/70

JJC/hcv

This Agent makes an excellent personal appearance and has a pleasant personality. He is progressing satisfactorily academically. He has no personal problems and should be able to work in any environment. I believe he will develop into a very satisfactory new Agent.

Transfer Letter Prepared

1/28/70-jac



Boston
JJC
purch

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICEDate 1/28/70I certify that I have ☒ received ☐ returned the following Government property for official use:SPECIAL AGENT CREDENTIAL CARD WITH CASE # 8393 ✓✓

FILE

3/ OK

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FEB 11 1970

Very truly yours,

(Signature)

(Typed name)

Michael G. Oxley



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

In Reply, Please Refer to
File No.

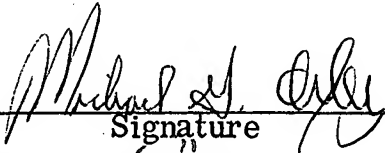
Date: 1-28-70

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

mfr / TJB Row

Dear Mr. Hoover:

In connection with my transfer from Wash., D. C. to Boston, Massachusetts, I agree to remain with the service of the FBI for 12 months following the effective date of this transfer. It is understood that the effective date of this transfer is the day I report for duty at the new station. It is also understood that should I violate this agreement I become obligated to refund to the Government all costs incurred on my behalf for travel, transportation, and related expenses as described in the Government Travel Regulations, unless separated for reasons beyond my control and acceptable to the FBI.


Signature
Michael G. Oxley

COPY RETAINED BY
VOUCHER - STAT SECTION

3/TJB/3
1-29-70

67-NOT RECORDED
9 FEB 2 1970

TO: Director, FBI

FROM:

CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print - Last, First, Middle Initial) <i>Oxley Michael Gardner</i>		Date <i>11/21/69</i>
	Division and Section Assigned <i>2 NAC #10</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows:		
	Permit Issued By: (State, Territory Possession, District) <i>Ohio</i>	Permit Number <i>278 40 8366</i>	Permit Expires <i>2/11/70</i>
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately <i>1000</i> miles. During this time (a) I <input checked="" type="checkbox"/> have <input type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles. <i>4/28/68 - Marin Ohio - Speed</i> <i>Michael J. Oxley</i> Signature of Operator			

* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.

TO BE FILLED IN BY REVIEWING OFFICIAL	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:	
	<input checked="" type="checkbox"/> Continuous safe driving record	
	<input type="checkbox"/> Involved in traffic accident and found at fault**	
	I certify that this employee is:	
	<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business	
<input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business		
Remarks:		
<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46		
<p>NOT RECORDED</p> <p>RECEIVED</p> <p>3-Bureau</p> <p>Official Signature <i>Special Agent, FBI</i> Date <i>2/17/70</i></p>		
** "At fault" means any case in which the Bureau has taken disciplinary administrative action against the employee.		
(Over for Operator's Road Test Score Sheet)		

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RESULTS OF ROAD TEST

Vehicle Used in Test				Local of Test	
Make <u>Chevrolet</u>	Body Type <u>Sedan</u>	Year <u>1969</u>	City <u>Quartus</u>	State <u>Va</u>	
Transmission <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Date <u>11-22-69</u>	Time <u>11:00</u>	Examiner's Signature <u>Bill D. Wilkin</u>		

Instructions to Examiner
Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.

PASSING GRADE: Total Score of 25 Points or Less
FAILING GRADE: Total Score of 26 Points or More
Note Results in Box at Right of Instruction Block

TEST SCORE

3

Total Error Points

Pass ☒

Fail ☐

Check List	
<p>1. Checking Vehicle</p> <p>Fails to: <input type="checkbox"/> 1 — Adjust Rear-view Mirror <input type="checkbox"/> 1 — Adjust Seat Properly <input type="checkbox"/> 1 — Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> 1 — Check Windshield Wipers <input type="checkbox"/> 1 — Check Horn and All Lights</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>	<p>2. Leaving Curb</p> <p>Fails to: <input type="checkbox"/> 2 — Look Back to Check Traffic <input type="checkbox"/> 2 — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 — Wait for Approaching Traffic</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>
<p>3. Turning</p> <p>Fails to: <input type="checkbox"/> 2 — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 — Turn Carefully From Proper Lane</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>	<p>4. Backing</p> <p>Fails to: <input type="checkbox"/> 1 — Observe Surrounding Conditions <input type="checkbox"/> 1 — Back Slowly and Smoothly and Avoid Excessive Curb Contact</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>
<p>5. Controls</p> <p>Fails to: <input type="checkbox"/> 1 — Handle Vehicle Smoothly <input checked="" type="checkbox"/> 2 — Keep Both Hands on Wheel <input type="checkbox"/> 2 — Smoothly Engage Shifting Mechanism <input type="checkbox"/> 2 — Use Brakes Properly</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points 2</div>	<p>6. Speed</p> <p><input type="checkbox"/> 2 — Exceeds Limit <input type="checkbox"/> 2 — Too Slow for Traffic Conditions <input type="checkbox"/> 2 — Too Fast for Traffic Conditions</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>
<p>7. Position on Roadway</p> <p><input type="checkbox"/> 2 — Follows too Closely <input type="checkbox"/> 2 — Fails to Hold Proper Lane <input type="checkbox"/> 1 — Straddles Lane Markings</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>	<p>8. Overtaking - Passing</p> <p><input type="checkbox"/> 2 — Misjudges Speed of Oncoming Traffic <input type="checkbox"/> 2 — Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> 2 — Cuts in too Soon <input type="checkbox"/> 2 — Fails to Signal (Hand, Light, Horn) When Conditions Warrant</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>
<p>9. Parking</p> <p>Fails to: <input type="checkbox"/> 1 — Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input checked="" type="checkbox"/> 1 — Set Hand Brake <input type="checkbox"/> 1 — Cramp Wheels Where Necessary</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points 1</div>	<p>10. Railroad and School Zones</p> <p>Fails to: <input type="checkbox"/> 2 — Obey Signals and Caution Warnings <input type="checkbox"/> 2 — Be Alert for Unusual Conditions</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>
<p>11. Attention</p> <p>Fails to: <input type="checkbox"/> 2 — Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> 2 — Keep Full Attention on Operation of Car <input type="checkbox"/> 1 — Limit Talking to Minimum <input type="checkbox"/> 2 — Observe Posted Signs or Signals</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>	<p>12. General</p> <p><input type="checkbox"/> 3 — Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> 3 — Lack of Caution <input type="checkbox"/> 3 — Timidity or Lack of Assurance Under Normal Driving Conditions</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"># of Points</div>

Remarks:

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

47-103

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Oxley Michael Garver</u>		2. DATE OF BIRTH <u>2/11/44</u>	3. TITLE OF POSITION <u>Special Agent</u>
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code) <u>1228 S. Main St. Findlay, O.</u>			5. EMPLOYING AGENCY <u>FBI</u>
6. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)			
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. IF YOUR ANSWER IS "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS, EXPLAIN FULLY IN THIS SPACE:			
8. (A) DO YOU WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) DO YOU WEAR CONTACT LENSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(C) DO YOU WEAR A HEARING AID? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
I certify that my answers above are full and true, and I understand that a false statement or dishonest answer to any question may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.			
SIGNATURE <u>Michael H. Oxley</u>		DATE <u>11/21/69</u>	

REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL	
I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:	
<input checked="" type="checkbox"/> There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.	
<input type="checkbox"/> On the basis of items checked on this form or other information, this applicant must be referred for physical examination before he is authorized to operate a Government-owned motor vehicle or his current authorization is renewed.	
<input type="checkbox"/> Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:	
SIGNATURE OF DESIGNATED OFFICIAL <u>[Signature]</u>	DATE <u>2/17/70</u>

SAC, Boston

March 3, 1970

Director, FBI

PERSONAL ATTENTION

MICHAEL G. OXLEY
SPECIAL AGENT(S)

GS-10, \$10,252

No Military Service.

The enclosed records are to be included in the field personnel file(s) of the employee(s).

Vocation record

FBI Personnel Status Form

Performance report

Physical examination reports

Property record

Operator's Road Test and Driving Certification

Physical Fitness Inquiry for Motor Vehicle Operators

The performance report(s) may be used by you as a guide in future training.

cmc Enc. (8)

CMC

(4)

67-NOT RECORDED
5 MAR 4 1970

MAILED 23
MAR 3 1970
COMM-FBI
MAR 4 1970
NPD
MP

51 MAIL ROOM ☒ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan *mc*

FROM : Mr. Casper *Casper*

SUBJECT: SA MICHAEL G. OXLEY
PERFORMANCE REPORT

DATE: 2/27/70

Tolson _____
DeLoach _____
Walters _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

Dates of Training School From <u>11/17/69</u> To <u>2/27/70</u>		Age <u>26</u>	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Legal Residence <u>Findlay, Ohio</u>		Member of Bar <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Ohio</u> State	
Offices of Preference <u>None</u>		Assigned To <u>Boston</u>	

EDUCATION

Secondary Schools & Colleges	Location	Degrees	Dates
Findlay High School	Findlay, Ohio	Diploma	9/59-6/62
Miami University	Oxford, Ohio	AB	9/62-4/66
Ohio State College of Law	Columbus, Ohio	JD	9/66-6/69

*Form 3-121
sent 3-3-70
has rec
cmc*

PREVIOUS EMPLOYMENT

Position	Organization	Location	Dates
Legal Aide	Attorney General of Ohio	Columbus, Ohio	6/67-10/69
Number Operator	Eastman Kodak	Findlay, Ohio	6/63-6/67 (Summers)
Admin. Ass't.	Office of Lt. Governor of Ohio	Columbus, Ohio	1/67-6/67
Intern	Office of Congressman Jackson E. Betts 8th Dist. of Ohio	Washington, D. C.	Summer 1965

67-NOT RECORDED-1

MILITARY SERVICE

Branch of Service <u>None</u>	Dates	Rank Attained	Reserve Status <input type="checkbox"/> None <input type="checkbox"/> Ready <input type="checkbox"/> Standby
----------------------------------	-------	---------------	---

TRAINING SCHOOL GRADES

Auto Driving	<u>Qualified</u>	Shotgun	<u>#1 - 100; #4 - 100</u>
Double Action	<u>90</u>	81 Rifle	<u>82</u>
Practical Pistol Course	<u>87</u>	Machine Gun	<u>100</u>
Firearms Qualifications Certified	<u>Yes</u>		

FIRST AID Has Agent been afforded Standard First Aid Course? ☒ Yes ☐ No

67-NOT RECORDED-1
1 MAR 2 1970

REPORT OF MEDICAL EXAMINATION

IA 0109-200-7002

88-105

1. LAST NAME—FIRST NAME—MIDDLE NAME OXLEY, Michael G.			2. GRADE AND COMPONENT OR POSITION SA		3. IDENTIFICATION NO. 278 40 8366	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 200 Swansen St. Winchester, MASS.			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 7 MAY 70	
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY FBI	11. ORGANIZATION UNIT Boston	
12. DATE OF BIRTH 11 FEB 44		13. PLACE OF BIRTH Findlay, OHIO		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN G. Garver OXLEY (F) 1228 S. Main, Findlay, OHIO		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U.S. Naval Hospital, Boston, MASS. 02150				16. OTHER INFORMATION REL: LUTHERAN		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae (Prostate, if indicated))	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
X	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-143

ENCLOSURE

67-672374-20	
Searched	Numbered
8 MAY 20 1970	

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets, etc. include abutments																		Type: 2111																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.024		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN Negative	D. MICROSCOPIC	USNH Boston 7 MAY 70	
C. SUGAR Negative	WBC: Rare; MUCUS: SCAT.	#4858-70 Ess. Negative	
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
VDRL: Non Reactive	WNL	NE	NE

8 MAY 26 1970

mkc

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 74"	52. WEIGHT 182	53. COLOR HAIR Blond	54. COLOR EYES Blue	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE 98.6
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57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)			
A. SITTING	SYS. 112 DIAS. 60	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 70	B. AFTER EXERCISE

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/	20	CORR. TO 20/	BY	S.	OX
LEFT 20/	20	CORR. TO 20/	BY	S.	OX

62. HETEROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT

63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	FALANT: PASSED		UNCORRECTED	
				CORRECTED	

66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
NORMAL				69. INTRAOCULAR TENSION	
				OU: 5.0/17.3/5.5	

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV	/15 SV	/15	250 250	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192			
LEFT WV	/15 SV	/15	RIGHT	15	15	10	10	/	5	/	0		
			LEFT	5	20	15	15	/	15	/	5		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE
---	-------------------------

77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR	P	U	L	H	E	S

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	B. PHYSICAL CATEGORY			
	A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	80. TYPED OR PRINTED NAME OF PHYSICIAN
--	--

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
--	---

LT MC USNR	LT DC USNR
------------	------------

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
--	---

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
--	---

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
--	---

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee OXLEY, MICHAEL G.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-672374-20

m20

REC'D-ADMIN. DIV. **Desirable Weight Ranges for Males**

MAY 25 1970

Height	FBI Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____



b6
b7C

Date

A	21	C	25
B		D	12

Score - 21
COM

PRACTICE			
P1	A	B	C
P2	A	B	C
P3	A	B	C
P4	A	B	C
P5	A	B	C
P6	A	B	C
P7	A	B	C
P8	A	B	C
P9	A	B	C
P10	A	B	C

TEST			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C
15	A	B	C
31	A	B	C
32	A	B	C
33	A	B	C
34	A	B	C
35	A	B	C
36	A	B	C
37	A	B	C
38	A	B	C
39	A	B	C
40	A	B	C
41	A	B	C
42	A	B	C
43	A	B	C
44	A	B	C
45	A	B	C
61	A	B	C
62	A	B	C
63	A	B	C
64	A	B	C
65	A	B	C
66	A	B	C
67	A	B	C
68	A	B	C
69	A	B	C
70	A	B	C
71	A	B	C
72	A	B	C
73	A	B	C
74	A	B	C
75	A	B	C
91	A	B	C
92	A	B	C
93	A	B	C
94	A	B	C
95	A	B	C
96	A	B	C
97	A	B	C
98	A	B	C
99	A	B	C
100	A	B	C
101	A	B	C
102	A	B	C
103	A	B	C
104	A	B	C
105	A	B	C

ARMY STANDARD ANSWER SHEET

16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C
26	A	B	C
27	A	B	C
28	A	B	C
29	A	B	C
30	A	B	C
46	A	B	C
47	A	B	C
48	A	B	C
49	A	B	C
50	A	B	C
51	A	B	C
52	A	B	C
53	A	B	C
54	A	B	C
55	A	B	C
56	A	B	C
57	A	B	C
58	A	B	C
59	A	B	C
60	A	B	C
76	A	B	C
77	A	B	C
78	A	B	C
79	A	B	C
80	A	B	C
81	A	B	C
82	A	B	C
83	A	B	C
84	A	B	C
85	A	B	C
86	A	B	C
87	A	B	C
88	A	B	C
89	A	B	C
90	A	B	C
106	A	B	C
107	A	B	C
108	A	B	C
109	A	B	C
110	A	B	C
111	A	B	C
112	A	B	C
113	A	B	C
114	A	B	C
115	A	B	C
116	A	B	C
117	A	B	C
118	A	B	C
119	A	B	C
120	A	B	C

67-NOT RECORDED
73 8 MAR 28 1970

1. NAME Dray Michael G
 2. INSTALL. WAC #10
 3. DATE 1/2/70
 4. TEST ALAT-1
 5. EOD 11/17/69

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: MICHAEL G. OXLEY

Where Assigned: BOSTON Squad #5 - Crim. Intelligence
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT - GS-10

Rating Period: from 3/2/70 to 6/3/70

ADJECTIVE RATING: SATISFACTORY
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials


Rated by: John F. Kehoe, Jr. Supervisor 6/3/70
Signature Title Date

Reviewed by: James L. Handley Special Agent in Charge 6/3/70
Signature Title Date

Rating Approved by: James L. Handley Assistant Director JUN 11 1970
Signature Title Date

TYPE OF REPORT

☐ Official
☐ Annual

REC-147

67-672374-21	
Searched	Numbered
<input checked="" type="checkbox"/> Administrative	9 1970
<input type="checkbox"/> 60-Day	
<input checked="" type="checkbox"/> 90-Day	
<input type="checkbox"/> Transfer	
<input type="checkbox"/> Separation from Service	
<input type="checkbox"/> Special	

3

8 JUN 12 1970

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
(For use as attachment to Performance Rating Form FD-185)

MICHAEL G. OXLEY

Name of Employee _____

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise

(Use INK for Checklist - DO NOT TYPE)

CHECKLIST AND NARRATIVE COMMENTS

- + 1. Personal appearance.**
E 2. Personality and effectiveness of his personal contacts.
E 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E 4. Physical fitness (including health, energy, stamina). **COMMENT** on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)

SA OXLEY has no limitations on his availability and no physical limitations affecting his performance as a Special Agent.

- E 5. Resourcefulness, ingenuity, and initiative.**
✓ 6. Forcefulness and aggressiveness as required.
✓ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
E 8. Planning of work.
✓ 9. Accuracy and attention to pertinent detail.
✓ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
✓ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
✓ 12. Investigative results (rate applicable cases) ☐ A. Internal Security; ☒ B. Criminal or General Investigative; ☒ C. Fugitive; ☒ D. Applicant; ☐ E. Accounting.
 Complexity of investigative matters handled: ☐ None ☒ Moderate ☐ Most complicated.
 Degree of supervision required: ☐ Above average ☒ Average ☐ Minimum ☐ None
COMMENT on type of work handled entire rating period and appraisal of overall work performance:

SA OXLEY has been assigned to the Criminal Intelligence Squad since his arrival in the Boston Office as a new Agent and has investigated primarily TFIS cases. He has conducted investigations assigned to him with an average amount of supervision. He has demonstrated a very enthusiastic and willing attitude toward his work, and appears eager to more than equitably share his portion of the work load in the Boston Office. SA OXLEY has actively participated in the Applicant Recruitment Program in the Boston Office and has shown enthusiasm and interest in this program.

- A. Is employee available for general assignment Yes; special assignment Yes; wherever needs of service require?
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Criminal Intelligence

ADJECTIVE RATING: SATISFACTORY
 (Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS MO

(Checklist and Narrative Comments continued)

- E 13. Firearms
✓ 14. Development of informants and sources of information. COMMENT on participation in this program.

SA OXLEY has developed 2 PCIs since his arrival in the Boston Office and is fully aware of the importance of this program.

- ✓ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
✓ A. Investigative reports; 0 B. Summary reports; E C. Memos, letters, wires
0 16. Performance as a witness. ☐ During rating period; ☐ Based on past performance; ☒ No experience.
0 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)
0 A. Leadership 0 F. Devising procedures
0 B. Ability to handle personnel 0 G. Promoting high morale
0 C. Making decisions 0 H. Getting results
0 D. Assignment of work 0 I. Furthering equal employment opportunity.
0 E. Training subordinates
✓ 18. Raids and dangerous assignments; 0 A. As leader; ✓ B. As participant
✓ 19. Miscellaneous. Specify and rate:
E Dictation; ✓ Applicant recruitment; _____ Other _____
0 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
Frequency _____ language ability used during rating period _____.
Anticipated use during ensuing year _____.
22. Administrative Advancement: ☐ (Check block if not interested.)
A. ☒ Yes ☐ No Agent is completely available for administrative advancement.
B. ☐ Yes ☒ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
EXPLAIN if interested but not now qualified.
SA OXLEY has been assigned to the field for too short a period to evaluate his potential for administrative advancement.

23. Number of Incentive Awards 0 Commendations 0 received from Director. Suggestions submitted 0.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None (List items taken into consideration on Checklist.)

UNITED STATES GOVERNMENT

Memorandum

278-40-8366

TO : Director, FBI

DATE: 10/9/70

SA Michael G. Oxley
(Name of employee)

Attention: Movement Unit

FROM : SAC, Boston
(Office of assignment)

SUBJECT: OFFICES OF PREFERENCE

Please list my offices of preference as follows: *full-on*

1. New York 3540
2. Newark 3570
3. Pittsburgh 3650

inf
row
*inf*67-NOT RECORDED
OCT 16 1970

OCT 15 1970

THREE

October 14, 1970

Local Board Number 56
Selective Service System
Room 136, Post Office Building
Findlay, Ohio 45840

RE: **MICHAEL GARVER OXLEY**
Selective Service Number
33 56 44 44
II-A classification
expires November 19, 1970

Gentlemen:

The above-named individual is classified II-A by
your Board based on his employment in the FBI.

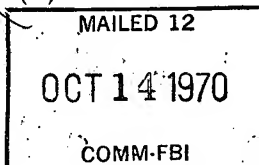
He is still employed as a Special Agent. It is
therefore requested that your Board give favorable considera-
tion to the continuation of his occupational deferment.

Your cooperation in this matter is indeed
appreciated.

1 - SAC, Boston

Very truly yours,

mae (4)



John Edgar Hoover
Director

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

*Address taken from
() LB Address Book
(X) Class. Advice Card
(X) Bureau name Michael G. Oxley
() Present II-A due to
previous job as
() No plans to enlist.
Services Satisfactory 1970
MAIL ROOM ☐ TELETYPE UNIT ☐ 140

OCT 14 1970

January 13, 1971

Mr. Michael G. Oxley
Federal Bureau of Investigation
Boston, Massachusetts

Dear **Mr. Oxley:**

Your headquarters are changed for official reasons from
Boston, Massachusetts, to New York, New York,
 effective upon your arrival there on or after this date. Travel and transportation expenses and applicable allowances and benefits for you and your dependents incidental to this transfer as provided by the Administrative Expenses Act of 1946, as amended; Bureau of the Budget Circular Number A-56, dated October 12, 1966, and implementing regulations prescribed by this Bureau, shall be paid to you or on your behalf. However, before these expenses can be paid by the Government you must agree in writing (Bureau Form 3-34b) to remain with the FBI for one year following the first day you report for duty at the new station. If you are being transferred to a duty station outside the continental United States only the written agreement form, FD-382, need be executed.

Very truly yours,

J. Edgar Hoover
 John Edgar Hoover
 Director

REC-135

Searched

6 JAN 15 1971

Enclosure

1 - SAC, New York

1 - SAC, Boston

(Personal Attention) (Enclosures 2) Have above Agent execute the enclosed Forms 3-34b and return the original and copy to the Bureau.
☒ Expedite transfer and advise by FD-67 within 48 hours departure and arrival dates.

☐ Advise Bureau arrival date and address of

☐ SRA
☐ ASRA
☐ RA

1 - Payroll Distribution

jae
 (6)

JAN 20 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
 Sullivan _____
 Mohr _____
 Bishop _____
 Brennan, C.D. _____
 Callahan _____
 Casper _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Tavel _____
 Walters _____
 Soyars _____
 Tele. Room _____
 Holmes _____
 Gandy _____

NPC/JPM
 1/15/71

134

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

In Reply, Please Refer to
File No.TO: Movement Unit
Administrative Division

Date: 1/12/71

Prepare the necessary orders transferring the following Special Agent.
Departure of Agents to new offices of assignment should be expedited.

<u>Name</u>	<u>From</u>	<u>To</u>
SA MICHAEL G. OXLEY	BOSTON	NEW

b6
b7C

First office rotation transfer to fill need for

WJH:lae(3)

OFFICE OF THE
ASSISTANT TO THE DIRECTOR

Transfer Orders Prepared:

1/13/71 jae

ENCLOSURE

67-672374-22

3-jae

SELECTIVE SERVICE SYSTEM
CLASSIFICATION ADVICE

29 Dec. 1970

(Date of mailing)

YOU ARE ADVISED THAT

Michael Garver Oxley
(First name) (Middle initial) (Last name)

Selective Service No.

33	56	44	44
----	----	----	----

has been classified

in Class II-A until 19 Nov., 1971
by Local Board unless otherwise checked below

By ☐ Appeal Board by vote of _____ to _____
☐ President

Date of mailing Notice of
Classification to registrant 18 Dec. 1970

Classification appealed from _____

G. Wilch
(Member, Executive Secretary, or Clerk of Local Board)

SSS Form 111 (Rev. 5-25-67) (Approval not required)
(Previous printings are obsolete.)

SELECTIVE SERVICE SYSTEM
OFFICIAL BUSINESS

Local Board No. 56
Selective Service System
Rm 136, Post Office Bldg
Findlay, Ohio 45840

(LOCAL BOARD STAMP)

TO:

Mr. J. E. Hoover, Director
US Department of Justice
FBI
Washington, D.C. 20535



DEC 31 70
15

NOTICE OF RIGHT TO APPEAL

The registrant's Selective Service Number shown on the reverse side of this card, should be included in all communications with the local board.

Any person who claims to be a dependent of a registrant or any person who, prior to the classification appealed from, filed a written request for the current occupational deferment of a registrant, may appeal to the appeal board from classification by the local board by filing a written notice of appeal with the local board within one of the following periods after the date of mailing the Notice of Classification to the registrant, whichever is applicable:

- (1) 30 days if the registrant is located in the United States, its territories, possessions, Canada, Cuba, or Mexico OR:
- (2) 60 days if the registrant is located in a foreign country other than Canada, Cuba, or Mexico.

The person taking the appeal may file with the local board a written request that the appeal be submitted to the appeal board having jurisdiction over the area in which the principal place of employment or current place of residence of the registrant is located.

Any person who claims to be a dependent of a registrant or any person who, prior to the classification appealed from, filed a written request for the current occupational deferment of the registrant, may appeal to the President from classification by the appeal board by filing a written notice of appeal with the local board within 30 DAYS after the date of mailing the Notice of Classification to the registrant when one or more of the members of the appeal board dissented from such classification. There is no right of appeal from the decision of the President.

The local board of jurisdiction may permit any person who is entitled to appeal to the appeal board or to the President to do so even though the period within which the appeal may be taken has elapsed, if it is satisfied that the failure of such person to appeal within such period was due to a lack of understanding of the right to appeal, or to some other cause beyond the control of such person.

Each person who has filed a request for the registrant's deferment shall, within 10 days after it occurs, report to the local board in writing any fact that might result in the registrant being placed in a different classification, such as, but not limited to, any change in his occupational, marital, military, or dependency status, or in his physical condition.

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE OXLEY MICHAEL G	SOCIAL SECURITY NUMBER 278-40-8366
---	--

NOTIFICATION OF BASIC CHANGE			
CODE-NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892—QUALITY INCREASE	<input type="checkbox"/> 896—ADMIN. PAY INCREASE	11/29/70	11/17/69
<input checked="" type="checkbox"/> 893—WITHIN GRADE INCREASE	<input type="checkbox"/> 897—ADMIN. PAY DECREASE		
<input type="checkbox"/> 894—PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-10	STEP OR RATE STEP 2	OLD SALARY \$10,869.00	NEW SALARY \$11,231.00

DATA ON UNPAID ABSENCE			
PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	<i>[Signature]</i>

- ☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.
- ☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-INC 12 DEC 7 1970

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

11/29/70
(DATE)

PERSONNEL FILE COPY

NOT RECORDED
6 JAN 11 1971

January 19, 1971

PERSONAL

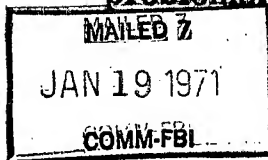
Mr. Michael G. Oxley
Federal Bureau of Investigation
Boston, Massachusetts

Dear Mr. Oxley:

The high quality of your efforts incident to the investigation and apprehensions of [redacted] and [redacted] the subjects of a Bank Robbery case, is indeed worthy of commendation.

b6
b7C

In spite of the difficulties encountered, you skillfully and with great dispatch effected the arrests of these Bureau fugitives without causing insurmountable problems. I am appreciative.



Sincerely yours,

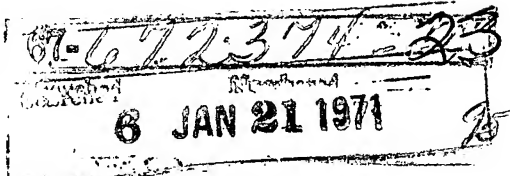
J. Edgar Hoover

1 - SAC, Boston (Personal Attention)

1 - [redacted] Sent Direct)

SMA *ama* (5) 67-672374

Based on Boston airtel of 1/11/71 and addendum Special Investigative Division 1/14/71 re [redacted] Fugitive; [redacted] - Fugitive; Bank Robbery, Commendation Matter.



b6
b7C

SA Michael G. Oxley was ordered to New York on 1/13/71, no departure or arrival dates.

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

JAN 25 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

LDH Ritz

JBA H20

ama

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: MICHAEL G. OXLEYWhere Assigned: BOSTON Squad #5 - Criminal Intelligence
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT - GS-10Rating Period: from 6/4/70 to 2/9/71ADJECTIVE RATING: SATISFACTORY
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials

Rated by:

James F. Scanlan, Jr.
Signature
James F. Scanlan, Jr.

Supervisor

2/9/71

Title

Date

Reviewed by:

James L. Handley
Signature
James L. Handley

Special Agent
in Charge

2/9/71

Title

Date

Rating Approved by:

James L. Handley
Signature
James L. Handley

Assistant Director

FEB 18 1971

Signature

Title

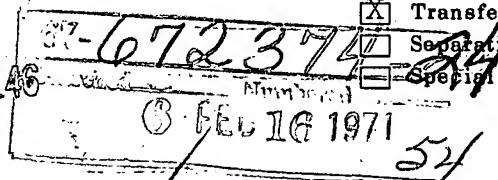
Date

TYPE OF REPORT

☐ Official
☐ Annual

☒ Administrative
☐ 60-Day
☐ 90-Day
☒ Transfer
☐ Separation from Service
☐ Special

REC-146



FEB 19 1971

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS

(For use as attachment to Performance Rating Form FD-185)

Name of Employee MICHAEL G. OXLEY

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- + RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
✓ Satisfactory
- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
E 2. Personality and effectiveness of his personal contacts.
E 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

SA OXLEY has no limitations on his availability and no physical limitations affecting his performance as a Special Agent.

- E 5. Resourcefulness, ingenuity, and initiative.
✓ 6. Forcefulness and aggressiveness as required.
E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
E 8. Planning of work.
E 9. Accuracy and attention to pertinent detail.
✓ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
✓ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
✓ 12. Performance results (rate if applicable and mark others 0) 0 A. Internal Security; ✓ B. Criminal or General Investigative; E C. Fugitive; 0 D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA OXLEY has been assigned to the Criminal Intelligence Squad since his arrival in the Boston Office as a new agent and has investigated primarily TFIS cases. He has conducted investigations assigned to him with an average amount of supervision, has one prosecution pending and has developed other cases to a point where they have prosecutive potential. He has demonstrated a very enthusiastic and willing attitude toward his work and appears eager to more than equitably share his portion of the work load in the Boston Office. He has participated in the Applicant Recruitment Program and has shown enthusiasm and interest in this program.

Complexity of matters handled: ☐ None ☒ Moderate ☐ Most complicated

Degree of supervision required: ☐ Above average ☒ Average ☐ Minimum ☐ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

CRIMINAL

SATISFACTORY

ADJECTIVE RATING:

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

MO

(Checklist and Narrative Comments continued)

- E 13. Firearms.
✓ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed 0 informants; 3 potential informants.

SA OXLEY has participated in the Informant Program of the Boston Office and has developed 3 PCI's. He is fully cognizant of the importance and value of this program.

- ✓ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
✓ A. Reports; E B. Memos, letters, wires.
0 16. Performance as a witness. ☐ During rating period; ☐ Based on past performance; ☐ No experience.
0 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
0 A. Leadership 0 F. Devising procedures
0 B. Ability to handle personnel 0 G. Promoting high morale
0 C. Making decisions 0 H. Getting results
0 D. Assignment of work 0 I. Furthering equal employment opportunity
0 E. Training subordinates
E 18. Raids and dangerous assignments; 0 A. As leader; E B. As participant.
✓ 19. Miscellaneous. Specify and rate:
E Dictation; ✓ Applicant recruitment; _____ Other _____
0 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
Frequency _____ language ability used during rating period _____.
Anticipated use during ensuing year _____.
22. Administrative Advancement: ☐ (Check block if not interested.)
A. ☒ Yes ☐ No Agent is completely available for administrative advancement.
B. ☐ Yes ☒ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified.

SA OXLEY has been assigned to the field for too short a period to evaluate his potential for administrative advancement.

23. Number of Incentive Awards 0.
Commendations received from Director: Individual 1 Through Superior 2.
Suggestions submitted 0.
If none, check block ☐.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS ms



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

In Reply, Please Refer to
File No.

Date: 1-13-71

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

MFR Raw
SLT

Dear Mr. Hoover:

In connection with my transfer from Boston, Mass.,
to New York, New York, I agree to remain in
the service of the Government for 12 months following the effective
date of this transfer. It is understood that the effective date of this
transfer is the day I report for duty at the new station. It is also
understood that should I violate this agreement I become obligated
to refund to the Government all costs incurred on my behalf for
travel, transportation, and related expenses as described in the
Government Travel Regulations, unless separated for reasons
beyond my control and acceptable to the FBI.

Michael G. Oxley

Signature
Michael G. Oxley

3
SLT

1 JAN 25 1971

COPY RETAINED BY
VOUCHER - STAT SECTION

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 3/24/71

FROM : SAC, NEW YORK

SUBJECT: SA MICHAEL G. OXLEY
AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has ☒ requested authority for use of
☐ disposed of

personally owned side arm described below:

	<u>AUTHORIZED</u>	<u>DISPOSED OF</u>
Make	S & W	
Model	60	
Caliber	.38	
Length of Barrel	2"	
Serial No.	R35305	

Authority for use of side arm granted by

SAC _____ on 3/24/71

J. H. GAMBLE

Information set out above has been posted in Field Duplicate Property Record. This weapon was inspected by SA [REDACTED] Firearms Expert, on 3/24/71.

- ① - Bureau
1 - (Field Office Personnel File)
1 - [REDACTED], Supv. #15
(2)

67-1672374-25	
Searched	Not Indexed
9 APR 2 1971	

b6
b7C

b6
b7C

b6
b7C

Posted to
Property card
DGR



APR 6 1971

21

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

[Signature]

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: MICHAEL G. OXLEY, SSN 278-40-8366

Where Assigned: NEW YORK GENERAL CRIMINAL SECTION
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT, GS-10

Rating Period: from 4/1/70 to 3/31/71

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Thomas L. Sheer Supervisor 3/31/71
Signature Title Date

THOMAS L. SHEER

Reviewed by: Joseph H. Gambrell SAC 3/31/71
Signature Title Date

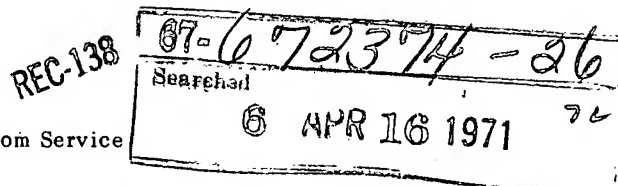
JOSEPH H. GAMBRELL

Rating Approved by: [Signature] Assistant Director APR 23 1971
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special



7 APR 23 1971

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee SA MICHAEL G. OXLEY

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)✓ Satisfactory- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.o No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- E 2. Personality and effectiveness of his personal contacts.
- E 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

SA Oxley has no physical limitations and his sick leave record is favorable.

- E 5. Resourcefulness, ingenuity, and initiative.
- E 6. Forcefulness and aggressiveness as required.
- E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- E 8. Planning of work.
- ✓ 9. Accuracy and attention to pertinent detail.
- ✓ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- ✓ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- ✓ 12. Performance results (rate if applicable and mark others O) o A. Internal Security; ✓ B. Criminal or General Investigative; ✓ C. Fugitive; o D. Applicant; o E. Accounting; o F. Other, such as Supervisor.
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA Oxley arrived at the NYO on 2/10/71, from the Boston Division, where he conducted a variety of criminal investigations in a satisfactory manner requiring an average amount of supervision. Since his arrival at the NYO, SA Oxley has been assigned to the General Criminal Division specifically Bank Robbery matters. He has demonstrated an enthusiastic, determined approach to each assignment and, given additional criminal experience, it is felt he will be capable of handling the most complicated criminal investigations with a minimum of supervision. SA Oxley presents an outstanding personal appearance and is most effective in his contacts with the general public, law enforcement officials and fellow workers. SA Oxley is constantly aware of the Bureau applicant program and, through contacts on duty as well as associates in his local community, he has made every effort to obtain suitable recruits for the Bureau.

Complexity of matters handled: ☐ None ☒ Moderate ☐ Most complicatedDegree of supervision required: ☐ Above average ☒ Average ☐ Minimum ☐ NoneA. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ NoB. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

CriminalADJECTIVE RATING: EXCELLENT
(Outstanding, Excellent, Satisfactory, Unsatisfactory)EMPLOYEE'S INITIALS MO

(Checklist and Narrative Comments continued)

- E 13. Firearms.
- ✓ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
- During rating period developed — informants; 1 potential informants.

SA Oxley is aware of his obligations to the Bureau informant program and is progressing satisfactorily towards the development of suitable informants.

- ✓ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
- ✓ A. Reports; ✓ B. Memos, letters, wires.
- 16. Performance as a witness. ☐ During rating period; ☐ Based on past performance; ☐ No experience.
- 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
- | | |
|---|---|
| <u>+</u> A. Leadership | <u>+</u> F. Devising procedures |
| <u>+</u> B. Ability to handle personnel | <u>+</u> G. Promoting high morale |
| <u>+</u> C. Making decisions | <u>+</u> H. Getting results |
| <u>+</u> D. Assignment of work | <u>+</u> I. Furthering equal employment opportunity |
| <u>+</u> E. Training subordinates | |
- E 18. Raids and dangerous assignments; ○ A. As leader; E B. As participant.
- ✓ 19. Miscellaneous. Specify and rate:
- E Dictation; ✓ Applicant recruitment; — Other —

- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:
- A. Conversation form — (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- B. Written form — (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- Frequency — language ability used during rating period —.
- Anticipated use during ensuing year —.
22. Administrative Advancement: ☐ (Check block if not interested.)
- A. ☒ Yes ☐ No Agent is completely available for administrative advancement.
- B. ☐ Yes ☒ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
- C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
- Explain if interested but not now qualified.

Given additional criminal experience and providing he develops administratively as expected, SA Oxley will undoubtedly be an excellent candidate for administrative advancement.

23. Number of Incentive Awards —.
- Commendations received from Director: Individual — Through Superior —.
- Suggestions submitted —.
- If none, check block ☒.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
- (List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS MO

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 6/3/71

FROM : SAC, NEW YORK

SUBJECT: SA MICHAEL G. OXLEY
AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has ☒ requested authority for use of
☐ disposed of
personally owned side arm described below:

	<u>REQUESTED</u>	<u>DISPOSED OF</u>
Make	S. & W.	
Model	60	
Caliber	.38	
Length of Barrel	Two inch	
Serial No.	R35305	
Weapon inspected by	<div></div> (name)	6/3/71 (date)

b6
b7c

I recommend this request be approved.

If approved, the information set out above will be posted in
Field Duplicate Property Record.

② - Bureau
1 - (Field Office Personnel File)
MGO: prr
(3)

REC-144

67-672374-27
7 SEP 10 1971 64

7 SEP 14 1971

Approved by *W.M.*
Special Agent in Charge

FBI Academy

SEARCHED	INDEXED
SERIALIZED	FILED
JUN 2 - 1971	
FBI - QUANTICO	



5010-108

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

UNITED STATES GOVERNMENT

Memorandum

NOTE: Submit original and no more copies than the number of employees listed.

Mr. Tolson _____
Mr. Felt _____
Mr. Sullivan _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Miller, E.S. _____
Mr. Callahan _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Cleveland _____
Mr. Ponder _____
Mr. Rosen _____
Mr. Tavel _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

TO : Director, FBI

DATE: 9/15/71

Attention: Personnel Section

FROM : SAC, NEW YORK

SUBJECT: RECOMMENDATION FOR INCENTIVE AWARD

b6
b7C

Name(s)

Assigned

EOD

Rate

MICHAEL G. OXLEY

NEW YORK

11/17/69

10

\$11,901

278-40-8366

BASIS for this recommendation is as follows: (Check one or more as facts justify.)

- ☒ 1. Performance which has involved the overcoming of unusual difficulties. (List specific obstacles, problems, hardships, sacrifices, etc., as well as unusual investigative techniques utilized with results achieved, setting forth precisely how employee overcame obstacles, etc.)
- ☐ 2. Creative efforts, which have increased efficiency, or improved the service. (Describe in detail listing benefits and/or savings resulting.)
- ☐ 3. Performance of assigned duties, with special effort or innovation that results in significant economies or other highly desirable benefits. (Detail efforts or innovation as well as end results.)
- ☐ 4. Performance of assigned tasks so that one or more important job requirement significantly exceeded: (Set forth specific job requirements and how exceeded.)
- ☐ 5. Exemplary or courageous handling of an emergency situation in connection with or related to official employment. (Describe in detail, listing specific risks or dangers involved and results achieved.)
- ☐ 6. Sustained above-average performance for a minimum of 6 months that merits recognition. (Point out specifically how performance is considered superior. Use examples and illustrations wherever possible. In addition to results attained advise what employee has done to achieve outstanding results.)

JUSTIFICATION: (Set forth below, and attach supplemental page(s) as necessary, a clear, concise report of employee's performance in justification of award. Be specific and omit generalities. Give facts, not conclusions. Not only advise what was accomplished, but how it was accomplished, placing emphasis on performance. Remember that these justifications must be adequate. They may be subject to post-audit outside the Bureau but do not withhold information for security reasons since neither this form nor any confidential information will be made available outside the Bureau for such post-audits.)

Case caption if applicable: RUDOLPH GRAHAM aka "Torch" - Deceased;

PATROLMAN KENNETH NUGENT - VICTIM - DECEASED

BADE #1066, NYCPD; POLICE KILLING

67-672374-28

Searched _____ Numbered _____

On the evening of 8/5/71, Patrolman KENNETH NUGENT, NYCPD, dressed in civilian attire, was making a purchase at a small candy store in Queens, New York, when three Negro males entered and announced a holdup. Identifying himself as a police officer, Patrolman NUGENT drew his weapon and attempted to place the would-be robbers under arrest. An exchange of gunfire erupted, leaving the patrolman and one of the robbers fatally wounded. Both died within minutes. The other two would-be bandits fled into the night.

(OVER)

(2) - Bureau

1 - New York

TLS:cpk SEE ADDENDUM, Special Investigative Division Page 2

(3) Enc. SEE ADDENDUM, Administrative Division Page 3

sent 9-30-71

PERS. REC. UNIT

SA MICHAEL G. OXLEY immediately contacted an informant previously developed by him who is familiar with the Negro criminal element in the specific neighborhood where Patrolman NUGENT was killed. SA OXLEY directed this source to immediately determine the identity of this holdup gang and on the same evening, SA OXLEY's informant reported that the participants in this holdup attempt were RUDOLPH GRAHAM, who had been killed by the dying police officer; [redacted] and a person known to the source only as [redacted]. SA OXLEY relayed this information to the NYCPD where a massive investigation had been launched to identify and apprehend these criminals. b6 b7C

Maintaining constant contact, SA OXLEY skillfully directed his source to continue efforts towards the location of [redacted] LNU and [redacted] and to determine additional identifying data re [redacted]. Without any thought towards personal convenience, SA OXLEY continued to direct his informant telephonically and with periodic personal meetings from 8/20 to the evening of 8/23/71, when this source determined [redacted] was going to attempt to meet with his family during the early morning hours of 8/24/71. Furnishing this information immediately to appropriate police authorities, SA OXLEY was directly responsible for [redacted] arrest as he approached his residence at approximately 1:00 a.m., 8/24/71. An automatic pistol was also recovered at that time. b6 b7C

[redacted] was promptly identified by SA OXLEY's source as [redacted] and by 8/25/71, the source had located [redacted] at a Brooklyn address. Working in close liaison with local authorities, SA OXLEY immediately relayed this information to the police, who apprehended [redacted] at his Brooklyn apartment. On the same date, [redacted] was captured by local authorities in Plattsburg, New York. On 8/27/71, SA OXLEY's source determined that the weapon used to kill Patrolman NUGENT had been supplied by [redacted]. Furnishing NYCPD with the above information and [redacted] address, police officers were able to effect the arrest of the fourth subject on 8/28/71, and charge him with possession of dangerous weapon. b6 b7C

RECOMMENDATION

SA OXLEY's devotion to duty and unique investigative talents are clearly demonstrated in the afore described matter. The skillful, persistent manner in which he directed his source throughout this investigation directly resulted in the identification and apprehension of the four individuals responsible for the murder of police officer KENNETH NUGENT. Based on the above, it is requested the Director favorably consider SA OXLEY for an incentive award.

ADDENDUM OF SPECIAL INVESTIGATIVE DIVISION:

The Special Investigative Division agrees with the SAC, New York, that Special Agent Oxley receive an incentive award in this matter.

9-22-71
EFF:djf

(OVER)

ADDENDUM OF ADMINISTRATIVE DIVISION

RHC
RHC:amh *amb* 9/24/71

Administrative Division agrees incentive award merited for SA Oxley. He EOD as SA 11/17/69 and is in GS-10, \$11,901. Services to date entirely satisfactory with one commendation. Rated Excellent 1971 annual performance report, completely available, overtime satisfactory.

RECOMMENDATION:

That SA Michael G. Oxley be afforded incentive award of \$200.

(9/30/71)
Appropriate letter attached.

amb

mm
mm
HO
G.K.
H 7

PERMANENT BRIEF ATTACHED.

PERSONAL

b6
b7C

October 15, 1971

Local Board Number 56
Selective Service System
Room 136, Post Office Building
Findlay, Ohio 45840

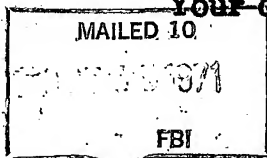
RE: MICHAEL GARVER OXLEY
Selective Service Number
33 56 44 44
II-A classification
expires November 19, 1971

Gentlemen:

Your Board has previously furnished this Bureau a
Classification Advice showing that the above-named individual had
been continued in II-A classification based on his employment in
the FBI.

He is still employed as a Special Agent. It is there-
fore requested that your Board give favorable consideration to the
continuation of his occupational deferment.

Your cooperation in this matter is indeed appreciated.



Very truly yours,

Tolson _____
Felt _____
Rosen _____
Mohr _____
Bishop _____
Miller, E.S. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Cleveland _____
Ponder _____
Bates _____
Tavel _____
Walters _____
Boyers _____
Tele. Room _____
Hines _____
Gandy _____

1 - SAC, New York

djb* (4)

John Edgar Hoover
Director

Address taken from

() LB Address Book

(x) Class. Advice Card

(x) Bureau name Michael G. Oxley

() Present II-A due to

previous job as

() No proof to enlist.

Service satisfactory

67-NOT RECORDED

8 OCT 18 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

NPC/JPW
HNB

HNB
MP

Shin

Form of Exit and Separation
FD-302 (Rev. 12-5-69)

TO: **DIRECTOR, FBI**
FROM: **SAC, NEW YORK**

DATE: **11/5/71**

Name of Employee MICHAEL G. OXLEY	EOD Date 11/17/69	Title SPECIAL AGENT
Last Local Address 155 East 76 St., New York, N.Y.	Forwarding Address (include Zip Code, if known) 1228 S. Main St., Findlay, Ohio 45840	
Cease-active-duty Date (hour and last day physically at work) 5:00 PM, November 19, 1971	Working Hours (include workweek if other than Monday - Friday) 8:15 A.M. - 5:00 P.M.	

Interview Conducted By (Signature) <i>Joseph H. Gamble</i>	Title JOSEPH H. GAMBLE SPECIAL AGENT IN CHARGE
LEAVE DATA Leave category <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 8	
Hours of accrued leave employee will have at close of business on cease-active-duty date. AL 50 SL 129	
Hours of accrued annual leave carried over at beginning of current leave year. AL 78	
If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL SL	

READ BEFORE INTERVIEWING
Purposes:
1 - Obtain real, motivating reason for resignation
2 - Save a valuable employee if possible
3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.
When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.
By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.
Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item K. Comments.

1. ☒ Return to Home Area

2. ☐ Homesick for Family and Friends

3. ☐ Unable to Adjust to City Environment

4. ☐ Living Costs

5. ☐ Transportation

6. ☐ Housing

7. ☐ Concern Over City Life (Crime, etc.)

8. ☐ Dissatisfaction With Assignment

9. ☐ Dislike of Production or Work Standards

10. ☐ Dislike Performing Overtime

11. ☐ Dislike Shift Assignment

12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)

13. ☐ Working Conditions other than physical plant

14. ☐ Lack of Promotional Opportunity
- B**
15. ☐ Military

16. ☒ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)
Check both reason and type.
Reason:
☐ a. Promotional
☐ b. Enter different field
Type:
☐ a. Other Government employment
☐ b. Private industry
☒ c. Self-employment (Law)

17. ☐ Poor Health (Self)

18. ☐ Poor Health (Family)

19. ☐ Marriage

20. ☐ Maternity

21. ☐ Attend School; ☐ locally; ☐ other area

22. ☐ Change of Residence (husband or family moving)

23. ☐ Housewife or Child Care

24. ☐ Involuntary
☐ a. Dropped from rolls
☐ with prejudice
☐ without prejudice
☐ b. Resignation requested
☐ c. Dismissed with prejudice

25. ☐ Voluntary resignation accepted with prejudice

26. ☐ Resigned after being interviewed concerning personal conduct

27. ☐ Retirement
☐ optional (include liberalized) - give reason
☐ disability

28. ☐ Other (Explain under comments)

- C. 1. Did employee violate terms under transfer agreement, 3-34b ☒ Yes ☐ No; Foreign Assignment, FD-382 ☐ Yes ☐ No; Government Employees Training Act, FD-375 ☐ Yes ☐ No; transportation expense agreement, 3-591? ☐ Yes ☐ No
2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training. ☒ Yes ☐ No If yes, specify agreement(s) involved and explain under K. Comments.
3. If Seat of Government clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No
4. If answer to either question 1 or 3 above is "yes":
a. ☒ Advised employee any money due being held in abeyance until determination is made as to any indebtedness.
b. ☒ Advise Bureau of resignation, Attention Voucher-Statistical Section on **11/5/71**
by ☐ teletype ☐ radiogram ☒ telephone

11 NOV 6 77

- REC'D FBI
- D. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
- E. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.
- F. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: commendation, censure or promotion letters or copies of expense vouchers, etc.). ☒ Yes ☐ No
- G. If employee is resigning for maternity purposes, appropriate block must be marked:
- ☐ Employee does not desire payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
- ☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
- ☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
- H. Was employee instructed that if enrolled in a health benefits plan his coverage continues temporarily for 31 days from the termination of his health benefits enrollment and during that time employee is eligible to convert to an individual contract. If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No
- I. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☐ Yes ☐ No
- J. Was employee advised that any inquiries concerning his FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No
- K. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)

Employee to practice law in home town and seek political office

- L. Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.

- M. Recommendations re reinstatement: ☐ Yes ☒ No (If No, explain why.)

Employee violated terms of employment - failed to remain with Bureau for three years.



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION
201 East 69th Street
New York, New York 10021
November 5, 1971

In Reply, Please Refer to
File No.

b6
b7c

Mr. J. Edgar Hoover
Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D.C. 20535

My dear Mr. Hoover:

I would like to submit my resignation effective
on the close of business November 19, 1971.

I have thoroughly enjoyed my association with
the Bureau and I have gained a wealth of friends with whom
I will continue association during the rest of my life.
I appreciate the opportunity to have been associated with
the Bureau and I wish you continued good health and success
in your efforts which have made the FBI the finest law
enforcement agency in the world.

My forwarding address will be:

1228 S. Main Street
Findlay, Ohio 45840

67-2371-30
REC-133
Searched _____ Numbered _____
9 Nov 9 1971

With kind personal regards, I am

Sincerely yours,

Michael G. Oxley, Special Agent

Property
advised
none

Val ready
get 2-11-71
Ch 11-19-71
none

accept
11/8

11-13-71

11-16-71
Horne
Poe

over 830.05
for trans from
Boston to New York
per Dean 1/8

2/8

November 12, 1971

Mr. Michael G. Oxley
Federal Bureau of Investigation
New York, New York

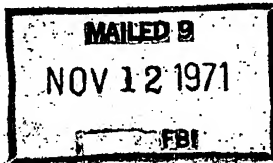
Dear Mr. Oxley:

Receipt is acknowledged of your communication of November 5, 1971, and your resignation is accepted effective November 19, 1971.

As a result of your failure to fulfill your signed agreement to remain in the service of the Government for a period of one year following your transfer from Boston, Massachusetts, to New York, New York, you are indebted to the Government for all costs incurred therewith. Records indicate a total of \$830.05 has been paid in connection with your transfer to New York, New York. Monies due you for salary, savings bonds, and annual leave will be applied to liquidate your indebtedness. If necessary, an offset will be made against your retirement account. If monies due you from this Bureau, exclusive of the retirement account, exceed the indebtedness, a check for the remaining balance will be forwarded to you. You will be advised if there is any remaining indebtedness.

Sincerely yours,

John Edgar Hoover
Director



Enclosures (6)

- 1 - SAC, New York (PERSONAL ATTENTION)
- 1 - [redacted]
- 1 - Voucher - Statistical Section
- 1 - Payroll Preparation
- 1 - Property (New York) (Sent Direct)

Mr. Oxley is not being placed on the Special Correspondents' List inasmuch as he violated his agreement to remain with the Bureau for three years.

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
Felt _____
Rosen _____
Mohr _____
Bishop _____
Miller, E.S. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Cleveland _____
Ponder _____
Bates _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

skg* (8) 67-672374

b6
b7c

NOTICE CONCERNING SEPARATION

A Notification of Personnel Action form (SF-50) will be forwarded at a later date. This form will indicate the amount of accrued annual leave, if any, for which you will receive a lump-sum payment. It also will indicate the effective date of your separation. If, as permitted by Government regulations, you are being granted annual leave accrued during the current leave year and this leave exceeds the amount you were allowed to carry into the current leave year, your separation will be effective upon the expiration of such excess.

You are reminded to exercise caution and not divulge any confidential information acquired while employed by the FBI. Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.

All employees enrolled under the Federal Employees Health Benefits Act have the privilege of converting to a nongroup contract and SF-2810 is attached for this purpose. However, if your separation will become effective at the expiration of current accrued annual leave or sick leave, SF-2810 will be sent to you when your leave expires.

A deduction from your final salary check will be made in the event you are indebted for any advanced sick or annual leave.

Any money withheld from your salary for social security purposes will remain in the Social Security Fund subject to Government regulations and cannot be refunded. Only money withheld for retirement purposes under the Civil Service Retirement System can be refunded. If money was withheld from your salary for retirement purposes, the first block below will be checked and Application for Refund of Retirement Deductions (SF-2802) will be enclosed for your review.

Each of the following forms that is checked is attached and should be read carefully:

- ☒ Application for Refund of Retirement Deductions,
(SF-2802) (Civil Service Retirement Act)
- ☐ Notice of Conversion Privilege (SF-55)
(Federal Employees' Group Life Insurance Act)
- ☒ Notice to Federal Employee about Unemployment
Compensation (SF-8)
- ☒ Notice of Change in Enrollment Status (SF-2810)
(Federal Employees Health Benefits Act)

ENCLOSURE

67-672374-30

November 30, 1971

Local Board Number 56
Selective Service System
Room 136, Post Office Building
Findlay, Ohio 45840

Gentlemen:

This is to inform you that Mr. Michael Garver Oxley,
Selective Service Number 33 56 44 44, whom you classified II-A
at our request has now resigned.

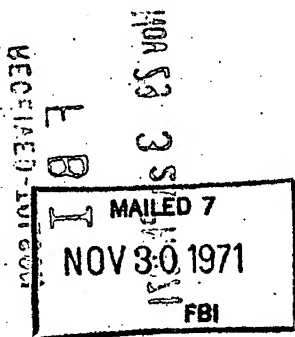
Your cooperation in this matter has been appreciated.

Very truly yours,

John Edgar Hoover
Director

djb:js
(3)

NOTE: Mr. Oxley's cease active duty date was 11-19-71. Official Bureau
name is Michael G. Oxley.



Tolson _____
Felt _____
Rosen _____
Mohr _____
Bishop _____
Miller, E.S. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Cleveland _____
Ponder _____
Bates _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

NOT RECORDED
9 DEC 1 1971
MAIL-ROOM ☐ TELETYPE UNIT ☐

145

life
skw
penis
MB
MP
shu
mac/jane an

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) OXLEY, MICHAEL G.	2. DATE OF BIRTH 2-11-44	3. CARRIER CONTROL NO. 12591451
4. ADDRESS (INCLUDING ZIP CODE) 1228 South Main Street Findlay, Ohio 45840	5. PAYROLL OFFICE NO. 15-02-0001	6. ENROLLMENT CODE NO. 441
7. DATE THIS ACTION BECOMES EFFECTIVE 11-27-71		

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☒ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

☐

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITY

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. SEND YOU A NEW IDENTIFICATION CARD.

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Part K.—DATE OF NOTICE

Harold N. Bassett		11-12-71
FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D. C. 20535		DATE
67-NOV 22 1971		71-509
NAME OF AGENCY		ADDRESS (INCLUDING ZIP CODE)

INSTRUCTIONS FOR EMPLOYING OFFICES

PURPOSE OF FORM

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, prepare SF 2810 as soon as the effective date is known and give the appropriate copies to the enrollee and payroll office immediately. Preparation and distribution of copies should not be delayed pending SF 50 action in the case of transfers to another payroll office.

PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his copy of this notice to his Plan not later than 31 days after the date shown in Part A, item 7, or 15 days after the date shown in Part K, whichever gives him more time. Therefore, make this form available to the enrollee as soon as possible.

COMPLETION OF FORM

PART A--IDENTIFYING DATA

1. For items 1, 2, 3, and 6, transcribe from the last SF 2809 or SF 2810, whichever is the most recent.
2. Item 4, use most recent known address.
3. Item 5, use payroll office number of office authorized to process withholdings.
4. Item 7, date as follows for action reported in:
 - B. TERMINATION--Last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, use date of 365th day; and, when coverage terminates because of military duty not limited to 30 days or less, use date employee is separated, furloughed, or placed on leave of absence for military duty.
 - C. CHANGE IN PLAN--Last day of pay period preceding effective date of election to change plans.
 - D. TRANSFER OUT--Actual date.
 - E. TRANSFER IN--Actual date.
 - F. SUSPENSION--Actual date.
 - G. REINSTATEMENT--Actual date.
 - H. CHANGE IN NAME OF ENROLLEE--Actual date.
 - I. CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT--Effective date of sole survivor's annuity.

PART B--TERMINATION

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual contract:

- Separated
- Furloughed by reason of reduction in force
- Retired--not eligible to continue enrollment
- Died--no survivor eligible to continue enrollment
- Termination of title to annuity or compensation
- Changed to excluded position or category
- 365 days nonpay status completed
- Entered military duty not limited to 30 days or less
- Employee organization gives notice to terminate employee's enrollment in organization's plan.

PART D--TRANSFER OUT

- Losing office use this box to report transfer actions, such as:
- Transferred to another agency or payroll office number (do not use SF 2810 for transfer between employing offices serviced by the same payroll office number)
 - Retired--Transfer to a retirement system--employee appears eligible to continue enrollment as an annuitant
 - Death--Transfer to retirement system--survivor appears eligible to continue enrollment as a survivor annuitant.
 - Transferred to Bureau of Employees' Compensation.

PART E--TRANSFER IN

Gaining office use this box to report transfer actions, such as:
Acceptance of transfer from another agency or payroll office number
Retired--Acceptance of transfer by retirement system because employee is eligible to continue enrollment as an annuitant
Death--Acceptance of transfer by retirement system because survivor is eligible to continue enrollment as a survivor annuitant
Transfer accepted by Bureau of Employees' Compensation.
NOTE: Retirement systems (including BEC) accepting transfer in, show also in "Remarks" whether enrollment is for an "EMPLOYEE ANNUITANT" or "SURVIVOR ANNUITANT."

PART F--SUSPENSION and PART G--REINSTATEMENT

State in "Remarks" reason for any action not applicable to active military duty such as "Reinstatement of erroneous separation."

PART H--CHANGE IN NAME OF ENROLLEE

Use this box only for reporting changes in name where change of coverage within a plan by SF 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

PART I--CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT

Only agencies administering retirement systems will make this determination on the basis of documentary evidence that there is only one survivor annuitant.

PART J--REMARKS

Use this box to bring to the attention of the employee, annuitant, or insurance carrier any pertinent information to clarify or support the action being taken.

PART K--DATE OF NOTICE

Facsimile signature is acceptable. Date as of day of issuance.

DISPOSITION

ORIGINAL--Deliver (or mail) to employee, annuitant, or survivor at earliest possible date. In case a termination SF 2810 must be issued more than 75 days after the effective date of termination, destroy the original copy.

DUPLICATE and TRIPLICATE--Send to appropriate payroll office.

QUADRUPPLICATE--File in Official Personnel Folder (or its equivalent) except in cases of death or retirement reported as "Transfer Out" to a retirement system (included Bureau of Employees' Compensation). In latter cases, send the triplicate copy of each Health Benefits Registration Form (SF 2809) accepted from the employee including any Medical Certificates attached thereto and this quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.

REPORT OF MEDICAL EXAMINATION

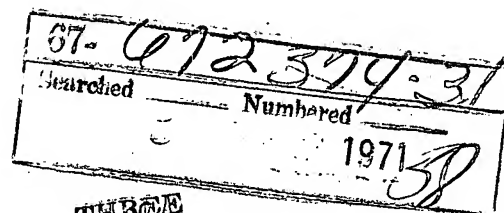
88-110

1. LAST NAME - FIRST NAME - MIDDLE NAME COXLEY MICHAEL GARVER			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 201 East 69th Street, NYC, NY 10021			5. PURPOSE OF EXAMINATION FBI Physical		6. DATE OF EXAMINATION 8/3/71 8/3/71	
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/>	10. AGENCY		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 2/11/44		13. PLACE OF BIRTH Findlay, Ohio		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Public Health Facility 245 W. Houston			16. OTHER INFORMATION			
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 68, 69 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-149



ENCLOSURE

THREE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) O—Restorable teeth X—Missing teeth (O, X, N)—Fixed bridge, brackets to include abutments /—Nonrestorable teeth XXX—Replaced by dentures																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Ce 1			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			16	L
I	X																		E
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18			17	F
H																	T		
T	X																		

45. URINALYSIS: A. SPECIFIC GRAVITY 1.030		46. CHEST X-RAY (Place, date, film number and result) 8/3/71- normal chest	
B. ALBUMIN Neg.	D. MICROSCOPIC Amorphous -Urates		
C. SUGAR Neg.			
47. SEROLOGY (Specify test used and result) VDRL Non-Reactive	48. EKG	49. BLOOD TYPE AND RH FACTOR RH - Positive Type "A"	50. OTHER TESTS w.b.c. 5,500; neutro. 65; lympho. 35; HCT: 46%; HGB. 14.8gm%

59

M20

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6'2"	52. WEIGHT 178	53. COLOR HAIR Blonde	54. COLOR EYES Blue	55. BUILD: (Check one) SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input checked="" type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMPERATURE 98°				
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)						
A. SITTING SYS. 120 DIA. 74	B. RECUMBENT SYS 120 DIA. 74	C. STANDING (3 min.) SYS 120 DIA. 74	A. SITTING 60	B. AFTER EXERCISE 72	C. 2 MIN. AFTER 60				
59. DISTANT VISION			60. REFRACTION						
RIGHT 20/ 15	CORR. TO 20/ BY	S.	CX	287/14 x 5					
LEFT 20/ 15	CORR. TO 20/ BY	S.	CX	29 x 7					
61. NEAR VISION									
CORR. TO BY Jaeger # 2									
62. HETEROPHORIA (Specify distance)									
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT				
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)					
RIGHT LEFT		Ishihara (normal)		UNCORRECTED CORRECTED					
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST					
				69. INTRAOCULAR TENSION					
70. HEARING		71. AUDIOMETER							
RIGHT WV 15 /15 SV	30 /15	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
LEFT WV 15 /15 SV	30 /15	RIGHT							
		LEFT							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR:
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

M. D. S.A. Surg.(R)

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR DENTIST QUALIFIED TO EXAMINE

D.D.S.

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

M. D.

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

SIGNATURE

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS

AGE IN YEARS: 27SECTION: 221Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical ExaminerName of Examinee
(Type or print)OXLEY
LastMICHAEL
FirstGARVER
Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.**To be Answered in the Case of All Male Employees and Male Applicants:**

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-672374-31
ENCLOSURE

AKD

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks:

Off's weight is proportional to his body build



8/10/71
Date

b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 11/19/71

Attention: Administrative Division

FROM : SAC, NEW YORK

1. Pers. Actions

2. Property

SUBJECT: MICHAEL G. OXLEY
SPECIAL AGENT

4. Payroll

11-24

The following is submitted in connection with the separation of the above employee who ceased duty 11/19/71

The following Bureau property obtained and is ☐ enclosed, ☒ transmitted under separate cover by ☒ registered mail
☐ railway express

- ☒ Bureau Badge with case # 6189
- ☒ Commission Card with case # 8393
- ☒ Agent's Brief Case
- ☐ Zipper Brief Case
- ☐ Colt Official Police Revolver # _____
- ☒ S & W Military and Police Revolver # D153024
- ☒ Holster and adapter for above revolver
- ☒ FBI Handbook # 9932
- ☐ Inspectors' Manual # _____
- ☒ GTRs numbers A 908 3301 through A 908 3310
(retained in office for future use)
- ☒ FBIRA Card ☒ destroyed, ☐ not a member, ☐ unable to locate
- ☐ FBI Identification Card # _____, destroyed in office
- ☐ Handbook for FBI Employees, retained for future use
- ☐ U. S. Government Operator's Identification Card # _____
- ☐ Non-Agent Credential Card with case # _____
- ☐ _____

The following are attached for the Bureau:

NA

- ☐ Performance Rating as of the cease-active-duty date if employee is departing on maternity leave or separating for military service and there has been a substantial change in performance since last rating.
- ☐ Electrocardiogram tracings

Forwarding address:

Michael G. Oxley
1228 South Main Street
Findley, Ohio 45840

Searched _____ Numbered _____

2 DEC 7 1971

Agents Only: Is above forwarding address changed from that shown on exit interview form? ☒ Yes ☒ No

Remarks:

② - Bureau
(1 - Separate Cover) (RM)

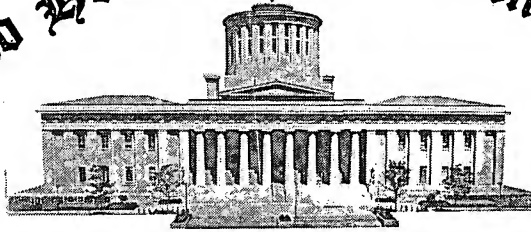
3 DEC 9 1971

Enc. 9
TLS:cpk

(3)

THREE

Ohio House of Representatives



MICHAEL G. OXLEY
301 E. MAIN CROSS STREET
FINDLAY, OHIO 45840
82ND HOUSE DISTRICT
HANCOCK, PUTNAM (PARTS) HENRY
& VAN WERT COUNTIES

Columbus
43215

COMMITTEES:
JUDICIARY, SECRETARY
INSURANCE, UTILITIES
FINANCIAL INSTITUTIONS
STATE GOVERNMENT

Assoc. Dir. _____
Dep.-A.D.-Adm. _____
Dep.-A.D.-Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

December 12, 1975

Director Clarence Kelley
F.B.I. Headquarters
J. Edgar Hoover Building
Washington, D. C. 20000

Dear Director Kelley:

As a former Agent, and one who served under the late Director Hoover, I am writing to ask for your help in supplying some information to me. I am now a State Legislator from Ohio and as a former Agent, I have been asked to speak to my local Rotary Club, of which I am a member. With all of the recent publicity, mostly unfavorable, about the Bureau, I would like to present a strong counterattack in my speech and would, therefore, like some basic information about the statistical accomplishments of the Bureau, some insights that you might have and some counter arguments that can be used effectively in my speech.

I know I share many of the same concerns that other former Agents have at this time about recent derogatory information about the F.B.I. While I recognize that there have been mistakes made, many of them serious, I think the integrity and the stability of the Bureau must be maintained in the public eye. I am sure you will agree with me and I would appreciate any help you could give me towards this end.

Yours truly,

Michael G. Oxley

REC-145

Searched 19 Numbered 19

10 JAN 6 1976

12 DEC 15 1975

MGO/gt

ack 12-24-75
WRR:glh

NOT PRINTED AT STATE EXPENSE

PERS. REQUEST

EXP. PROC.
31 DEC 15 1975

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30

b6
b7C

REC-112

December 24, 1975

Honorable Michael G. Oxley
House of Representatives
301 East Main Cross Street
Findlay, Ohio 45840

Dear Mr. Oxley:

Thank you for your letter of December 12th with its expression of support for the Bureau.

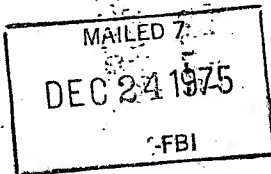
I appreciate your desire to speak out on behalf of the FBI. In these times, the encouragement of friends and former associates is very heartening to us.

To explain my position regarding the FBI's responsibilities in the field of internal security, I am enclosing a recent speech I made in Lubbock, Texas, as well as my statement before the Select Committee on Intelligence of the United States Senate on December 10th. I am also enclosing a copy of the Annual Report for Fiscal Year 1975. I trust this information will be of assistance to you.

Sincerely yours,

Cl. M. Kelley

Clarence M. Kelley
Director



Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Enclosures (3)

Asst. Dir.: Mr. Kelley's speech at Lubbock, Texas, 11-4-75
Admin. Mr. Kelley's testimony before the Select Committee on
Comp. Syst. Intelligence, 12-10-75
Ext. Affairs 1975 Annual Report
Files & Com. 1 - Cleveland - Enclosure
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____

NOTE: Correspondent is a former Agent who EOD 11-17-69 and
Laboratory resigned 11-19-71 Bufiles contain no information to preclude
Plan. & Eval. this letter.
Spec. Inv. _____

Training WRR:glh (4)

Legal Coun. _____

Telephone Rm. _____

Director Sec'y _____

MAIL ROOM ☒

TELETYPE UNIT ☐

PERS. REC. UNIT

SA MICHAEL G. OXLEY

MEDICAL FORMS - ELECTROCARDIOGRAMS

Medical Reports

*3/
EVE*

NOT RECORDED

MAR 10 1972

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53

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME OXLEY, MICHAEL G.			2. TITLE OF POSITION		3. SOCIAL SECURITY NUMBER 278-40-8366	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 200 Swansea St., Winchester, Mass.			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 5/7/70	
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE		9. AGENCY FBI		10. ORGANIZATION UNIT BOSTON	
	MILITARY		CIVILIAN			
11. DATE OF BIRTH 2/11/44		12. PLACE OF BIRTH Findlay, Ohio		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) USNH, Chelsea, Mass.		

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 2	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 2 yrs.	20. WHAT IS YOUR USUAL OCCUPATION? FBI Agent	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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YES	NO	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
✓		23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?
✓		24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
✓		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
✓		30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
✓		31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Tonsilectomy as a child - no complications.

During tonsilectomy about 2 days circa 1950
Blanchard Valley Hospital, Findlay, O.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

Michael Garver Oxley

SIGNATURE

Michael G. Oxley

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY.

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

67 APR 7 1950

SIGNATURE

70

NUMBER OF ATTACHED

2

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION ANNUAL				MEDICATION NONE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE 26	SEX M	RACE Cauc	HEIGHT 74"	WEIGHT 182	B/P 110/60	SIGNATURE OF WARD PHYSICIAN B. ANNO		DATE 5/7/70	
RHYTHM Sinus Brachycardia						AXIS DEVIATION (QRS)		RATES AURIC. 47 VENT. 47	
INTERVALS PR 0.16 QRS 0.08 QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

NO PREVIOUS TRACINGS AVAILABLE
FOR COMPARISON

PHYSICAL EXAM ROOM

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Rhythm as noted
unl

[Redacted]

LCDR AC BSNRE

Continue on reverse)

NO. E2G	SIGNATURE	TITLE	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. FBI	WARD NO. RED
---	--	---------------------	-----------------

OXLEY, MICHAEL G.
USNH, Chelsea, Mass.

PBE

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-104

(Attach tracings to S. F. 507)

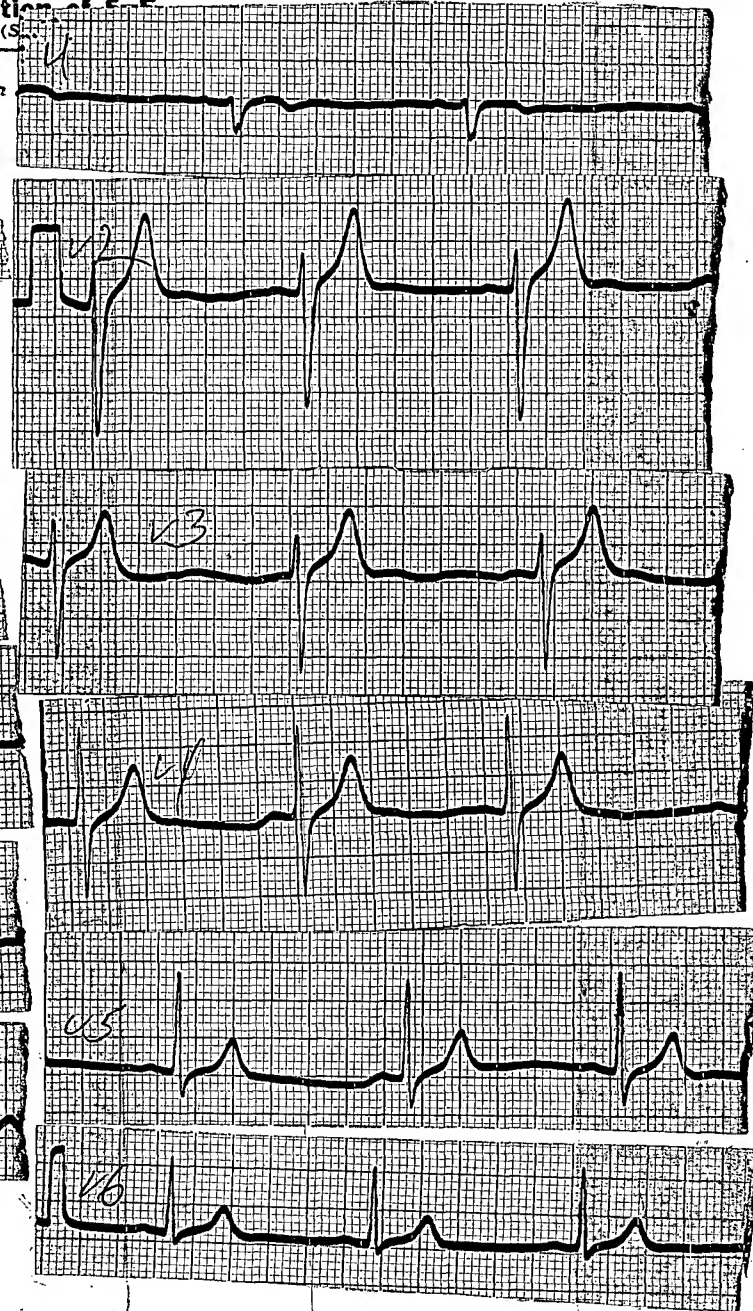
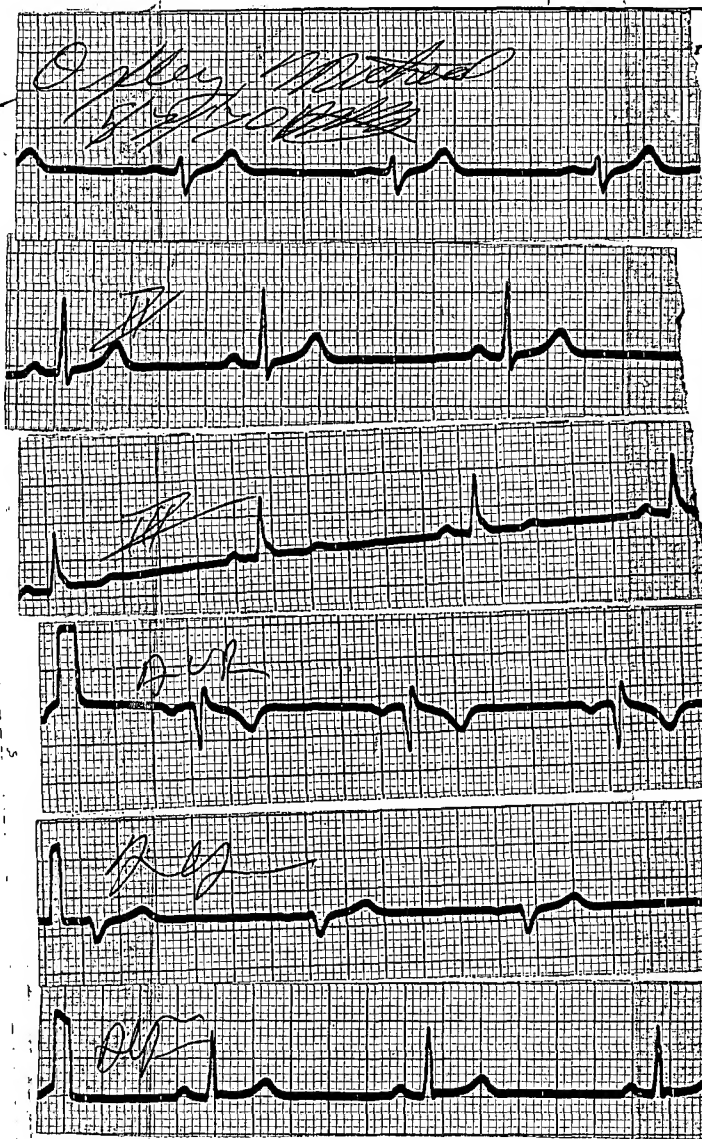
1A 0109-201-4802

b6
b7C

may 20

CLINICAL RECORD

Report on _____
or
Continuation of _____
(S)



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
507-104

IA 0109-201-2003

Handwritten initials

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME OXLEY MICHAEL GARVER		2. TITLE OF POSITION	3. SOCIAL SECURITY NUMBER
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code)		5. PURPOSE OF EXAMINATION FBI Physical	6. DATE OF EXAMINATION 8/3/71
7. SEX Male	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	9. AGENCY FBI	10. ORGANIZATION UNIT
11. DATE OF BIRTH 2/11/44	12. PLACE OF BIRTH Findlay, Ohio	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) Public Health Facility, 245 W. Houston	

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

**Excellent health
No medications**

15. DO YOU (Please check at left of each item):				16. HAVE YOU EVER (Please check at left of each item):			
YES	NO	(Check each item)		YES	NO	(Check each item)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT					

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ASTHMA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DIPHTHERIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SHORTNESS OF BREATH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RHEUMATIC FEVER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CHRONIC COUGH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LAMENESS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MUMPS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COLOR BLINDNESS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RECURRENT BACK PAIN
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FREQUENT INDIGESTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EYE TROUBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FOOT TROUBLE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NEURITIS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RUNNING EARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	JAUNDICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HEARING LOSS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EPILEPSY OR FITS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BROKEN BONES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SINUSITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RUPTURE/HERNIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	APPENDICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HEAD INJURY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SKIN DISEASES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TUBERCULOSIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BOILS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 2	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 20	20. WHAT IS YOUR USUAL OCCUPATION? FBI Agent	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
---	--	--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) Childhood tonsillectomy, Blanchard Valley Hosp., Findley, Ohio
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

MICHAEL G. OXLEY

SIGNATURE

Michael G. Oxley

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA. (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

M. D. SAsurg

DATE

8/10/71

SIGNATURE

NUMBER OF ATTACHED SHEETS

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI
(ATTN: PROPERTY MANAGEMENT UNIT)

DATE: 12/3/71

FROM : SAC, NEW YORK

SUBJECT: LOSS OF ONE SET OF PEERLESS
HANDCUFFS, SERIAL NUMBER 463783

ReNY telephone call to Bureau, 11/24/71.

Former Special Agent MICHAEL G. OXLEY of the New York Office, who resigned from the Bureau effective 11/19/71, was unable to locate one set of Peerless handcuffs, Serial Number 463783, Bureau property assigned to him. A search to locate these handcuffs at the New York Office met with negative results.

As per instructions of referenced telephone call, enclosed herewith is a personal check of Mr. OXLEY's in payment of aforementioned handcuffs.

1 75
#10

Check for \$10.75 detached and sent to
Treasury. See Certificate of Deposit
and Schedule of Collections FBI-79 dated 12/21/71

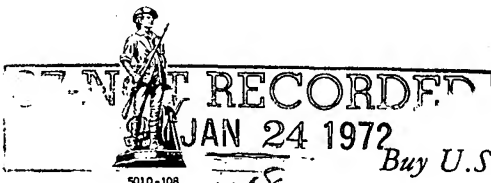
det. Budget Unit

Pd-222 Rec'd
and Renewed
from New York
Inventory
JLK

- 2 - Bureau (Encl. 1)
- 1 - New York

TLS:cpk
(3)

1 - ENCLOSURE



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THREE

OXLEY MICHAEL G

278-40-8366

MONTH	TOT OT	AVG OT	OFF AVG	DAYS WORKED
JANUARY	48.11	2.32	2.34 BS	19
FEBRUARY	36.54	2.03	2.24 NY	18
MARCH	56.01	2.26	2.20 NY	23
APRIL	42.37	3.03	2.25 NY	14
MAY	55.23	2.46	2.25 NY	20
JUNE	40.38	2.02	2.25 NY	20
JULY	49.50	2.37	2.25 NY	19
AUGUST	44.16	2.01	2.24 NY	22
SEPTEMBER	41.09	2.03	2.19 NY	20
OCTOBER	49.43	3.33	2.21 NY	14
NOVEMBER	36.41	1.45	2.22 NY	21
TOTAL 1971	501.23	2.23		210

RECORDED
9 DEC 27 1971

62

File 3
med

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE OXLEY, MICHAEL G.		MR.—MISS—MRS. (MR.)	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 2-11-44	4. SOCIAL SECURITY NO. 278-40-8366
5. VETERAN PREFERENCE 1 1—NO 3—10 PT. DISAB. 5—10 PT. OTHER 2—5 PT. 4—10 PT. COMP.			6. TENURE GROUP	7. SERVICE COMP. DATE 11-17-69	
9. FEGLI 3 1—COVERED (Regular only—declined Optional) 2—INELIGIBLE 3—WAIVED 4—COVERED (Reg. & Opt.)			10. RETIREMENT 1 1—CS 3—FS 5—OTHER 2—FICA 4—NONE		11. (FOR CSC USE)
12. CODE NATURE OF ACTION RESIGNATION			13. EFFECTIVE DATE (Mo., Day, Year) cb 11-19-71		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15. FROM: POSITION TITLE AND NUMBER Special Agent 61-F-45 170			16. PAY PLAN AND OCCUPATION CODE GS Series 1811		17. (a) GRADE OR LEVEL 10 (b) STEP OR RATE 2
					18. SALARY \$11,901
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL	(b) STEP OR RATE	23. SALARY
24. NAME AND LOCATION OF EMPLOYING OFFICE				

25. DUTY STATION (City—county—State)		26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: 1—PROVED-1 2—WAIVED-2 TO: STATE

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: C. DURING PROBATION

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐

Forwarding Address: 1228 South Main Street
Findlay, Ohio 45840

Employee orally advised he was resigning to practice law in his home town and to seek political office.

Paid hereon for the period 11-14-71 thru cb.11-19-71.
Lump sum payment to cover 54 hrs. ending after 6 hrs. on 11-30-71,
1 holiday included.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) 11 DEC 17 1971		34. SIGNATURE (Or other authentication) AND TITLE E. Hoover Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE 11-12-71	
33. CODE EMPLOYING DEPARTMENT OR AGENCY DJ 02 FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535			

Standard Form No. 2802 U.S. Civil Service Commission July 1966 FPM Supplement 831-1		APPLICATION FOR REFUND OF RETIREMENT DEDUCTIONS CIVIL SERVICE RETIREMENT SYSTEM <i>To avoid delay in payment: (1) Complete application in full; (2) Typewrite or print in ink.</i>			2802-106	
1. NAME (Last) (First) (Middle) VOXLEY MICHAEL FARVER		2. DATE OF BIRTH (Month, day, year) 2/11/44		3. SOCIAL SECURITY NUMBER 278-40-8366		
4. LIST ALL OTHER NAMES YOU HAVE USED None		5. PERIOD OF LAST SERVICE BEGINNING DATE: 11/17/69 ENDING DATE: 11/19/71		6. TITLE OF LAST POSITION Special Agent, FBI		
7. DEPARTMENT OR AGENCY OF LAST EMPLOYMENT INCLUDING BUREAU, BRANCH, OR DIVISION Federal Bureau of Investigation		8. LOCATION OF LAST EMPLOYMENT (City, State and ZIP Code) New York, NY 10021		9. PREVIOUS APPLICATIONS FILED (Indicate by "X") <input type="checkbox"/> RETIREMENT ANNUITY <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS		
10. LIST BELOW ALL OF YOUR OTHER CIVILIAN SERVICE FOR THE UNITED STATES GOVERNMENT OR DISTRICT OF COLUMBIA:						
DEPARTMENT OR AGENCY (Including bureau, branch, or division where employed)		LOCATION OF EMPLOYMENT (City, State and ZIP Code)		PERIODS OF SERVICE BEGINNING DATE ENDING DATE		
None				WITHHELD NOT WITHHELD		
11. (A) HAVE YOU ACCEPTED ANY FURTHER EMPLOYMENT WITH THE FEDERAL OR DISTRICT OF COLUMBIA GOVERNMENT (OR ARRANGED FOR SUCH EMPLOYMENT TO BECOME EFFECTIVE WITHIN 31 DAYS FROM THE ENDING DATE SHOWN IN ITEM 5)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				11. (B) IF YOU ANSWER "YES" TO ITEM 11(A), ARE CIVIL SERVICE RETIREMENT DEDUCTIONS BEING WITHHELD (OR WILL THEY BE WITHHELD) FROM YOUR SALARY DURING SUCH EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU ANSWER "YES" TO ITEM 11(A), COMPLETE ITEMS 12(A), 12(B), AND 12(C):						
12.(A) DATE OF NEW APPOINTMENT (Month) (Day) (Year)		12.(B) DEPARTMENT OR AGENCY, INCLUDING BUREAU, BRANCH, OR DIVISION, IN WHICH YOU ARE (OR WILL BE) EMPLOYED		12.(C) LOCATION OF NEW EMPLOYMENT (City, State and ZIP Code)		

NOTICE TO APPLICANT

1. If you have more than 5 years of service you may be entitled to annuity rights which will be forfeited by payment of this refund unless you are later reemployed subject to the Civil Service Retirement Act. 2. If you were separated on or after October 1, 1956, from a position subject to the Civil Service Retirement Act, refund of retirement deductions is prohibited unless your separation occurred and your application is received in the Civil	Service Commission at least 31 days before the earliest commencing date of any annuity for which you are eligible. 3. Refund of retirement deductions is also prohibited if you are currently employed in a position subject to Civil Service retirement deductions or will be so employed within 31 days from the date of the separation on which your claim for refund is based.
--	---

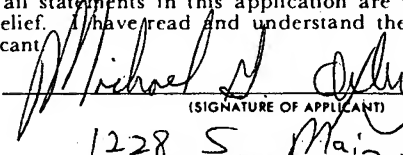
WHERE TO FILE YOUR APPLICATION

1. If you have been separated 30 days or less, this application should be forwarded to the office in which you were last employed.
2. If you have been separated more than 30 days, forward this application to the Bureau of Retirement and Insurance, U.S. Civil Service Commission, Washington, D.C., 20415.

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

I hereby certify that all statements in this application are true to the best of my knowledge and belief. I have read and understand the statements in the above Notice to Applicant.

NOTE: SIGN YOUR OWN GIVEN NAME, MIDDLE INITIAL, AND LAST NAME.


 (SIGNATURE OF APPLICANT)
1228 S. Main St.
 (NUMBER AND STREET)
Findlay, Ohio 45840
 (CITY, STATE, AND ZIP CODE)
11/15/71
 (DATE)

DEC 10 1971

NOT RECORDED
9 DEC 14 1971

Original Sent to CSC

3/Ry

[illegible]

	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH			SOC. SEC. NO.			AGENCY	PAYROLL OFFICE	LOCATION	PAYROLL OFFICE NO.					
				MO.	DAY	YR.												
1.	OXLEY,	MICHAEL	G.	2	11	44	278	40	8366	Justice	FBI	Washington	15--02-0001					
2.				DO NOT USE														
3.																		
4.																		
(RECORD EACH NAME CHANGE— STRIKE OUT PREVIOUS NAME)																		

FISCAL RECORD

[illegible]

2802 and
2806 sent CSC

DEC 10 1971

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 12/1/71

FROM: SAC

NEW YORK

Attention: Personnel Section

SUBJECT:

OXLEY, MICHAEL GARVER
PHYSICAL EXAMINATION
SPECIAL AGENT☐ Remylet _____
☐ ReBulet _____☒ Re physical examination of Part I 8/3/71; Part II 8/10/71☐ Dental work was completed on _____☐ Vision has been corrected to _____ Employee specifically instructed_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☒ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.

Remarks:

Physical exam submitted for completion of bureau records.
SA OXLEY resigned COB 11/19/71.1 - Bureau
1 - New York

57-NOT RECORDED-6

HAB:gt

(2)

2 ENCLOSURES
HANDLED SEPARATELY

3 DEC 9 1971

59

THREE

Benjamin J. Guthrie
Sergeant at Arms

Office of the Sergeant at Arms
U.S. House of Representatives
Washington, D.C. 20515

August 11, 1981

6/55

[Redacted]
Personnel Officer
Administrative Services Division
F. B. I. Headquarters
9th and Pennsylvania, N. W.
Washington, D. C. 20535

Dear [Redacted]

Please provide this office with official verification of the F. B. I. service of the Honorable Michael G. Oxley, d.o.b. February 11, 1944, social security number 278-40-8366. He claims service as a special agent from November of 1969 to November of 1971.

Mr. Oxley is presently serving as a Member of Congress and we need this verification regarding his retirement credits. Would you please indicate whether or not retirement deductions were taken on this service.

We appreciate your help very much.

Sincerely,

[Redacted]
Retirement Officer

REC-141

67-672374-34	
Searched	Numbered
8 AUG 19 1981	

*let over
8-18-81
4/ear*

b6
b7C

b6
b7C

August 18, 1981

[Redacted]
Retirement Officer
Office of the Sergeant at Arms
U. S. House of Representatives
Washington, D. C. 20515

Dear [Redacted]

Receipt is acknowledged of your inquiry which was received in this Bureau August 12, 1981, regarding Congressman Michael G. Oxley.

He entered on duty in the Federal Bureau of Investigation November 17, 1969, as a Special Agent, Grade GS 10, \$10,252 per annum. Effective November 19, 1971, he submitted his voluntary resignation at which time he was receiving a salary of \$11,901 per annum.

During his period of employment, deductions were withheld from his salary for retirement purposes inasmuch as he was subject to the Civil Service Retirement System. Our records indicate that on November 15, 1971, he applied for a refund of his retirement deductions which was sent to the Civil Service Commission, a copy of which is enclosed.

Sincerely yours,

/s/
[Redacted]
Security Officer

Enclosure

67-672374

Exec AD Inv. _____
Exec AD Adm. _____
Exec AD LES _____

eag (3)

Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

AUG 21 1981

b6
b7C

b6
b7C

(PLEASE TYPE OR PRINT ALL INFORMATION)

1. NAME Oxley Michael Garver
LAST FIRST MIDDLE2. OFFICE OF ASSIGNMENT Training Div. NAC 103. LATEST FBI EOD DATE 11/17/69
(PRIOR FBI SERVICE TO BE LISTED UNDER ITEM 4)

278-40-2366 Mem

TOTAL FEDERAL SERVICE (CHECK ONE, PER ITEM 11)		
LESS THAN 3 YRS	3 YRS. BUT LESS THAN 15 YRS.	15 YRS. OR OVER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE YOU WILL REACH NEXT CATEGORY:		
11 MONTH	10 DAY	72 YEAR

NOV 26 1969

4. PREVIOUS CIVILIAN GOVERNMENT SERVICE
(GIVE COMPLETE NAME OF AGENCY AND BRANCH)

DATE EOD

DATE SEPARATED

TOTAL LENGTH OF SERVICE WITH EACH AGENCY

YEARS

MONTHS

DAYS

TOTALS

ITEMS 5, 7, 9, 10, AND 11,

YEARS

MONTHS

DAYS

5. TOTAL LENGTH OF PREVIOUS CIVILIAN GOVERNMENT SERVICE

(ADD ALL TIME LISTED UNDER ITEM 4, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12 - GIVE TOTAL IN EXACT YEARS, MONTHS, AND DAYS SERVED)

6. MILITARY SERVICE
(INDICATE BRANCH - ARMY, NAVY, MARINE CORPS, COAST GUARD, AIR FORCE, ETC. IF NO ACTIVE MILITARY SERVICE, WRITE "NONE" IN THIS SPACE)

DATE ENTERED ON ACTIVE DUTY

(DATE GIVEN ON SEPARATION DOCUMENT)

DATE DISCHARGED

(DATE GIVEN ON SEPARATION DOCUMENT)

TOTAL ACTIVE DUTY WITH MILITARY (EACH BRANCH)

YEARS

MONTHS

DAYS

7. TOTAL MILITARY SERVICE

(ADD ALL TIME LISTED UNDER ITEM 6, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12 - GIVE TOTAL IN EXACT YEARS, MONTHS AND DAYS SERVED)

(OVER)

8. STATUS AT TIME OF
ENTRANCE ON DUTY
WITH ARMED FORCES
(CHECK ONE) →

ON MILITARY LEAVE FROM
CIVILIAN GOVERNMENT
SERVICE

☐

RESIGNED FROM CIVILIAN
GOVERNMENT SERVICE TO
ENTER ARMED FORCES

☐

ENTERED ARMED FORCES
FROM PRIVATE EMPLOYMENT
OR SCHOOL

☐

YEARS

MONTHS

DAYS

9. FEDERAL SERVICE TIME—GROSS TOTAL

(ADD ITEMS 5 AND 7, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12 — GIVE TOTAL IN EXACT YEARS, MONTHS, AND DAYS SERVED) →

10. LEAVE WITHOUT PAY (EXCLUDING MILITARY) IN EXCESS OF SIX MONTHS TAKEN DURING ANY ONE CALENDAR
YEAR. (LIST TOTAL IN YEARS, MONTHS, AND DAYS) →

11. FEDERAL SERVICE TIME—NET TOTAL

(SUBTRACT ITEM 10 FROM ITEM 9. THIS WILL GIVE YOU YOUR ACTUAL SERVICE TIME) →

I CERTIFY THAT THE PRECEDING INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(SIGNED) _____

(WRITTEN SIGNATURE)

(DATE) _____

11/17/69

✓ 05

7

RE: MICHAEL GARVER OXLEY

67-NOT RECORDED
2 MAR 16 1977

30lb

July 16, 1982

Honorable Michael Oxley
House of Representatives
Washington, D. C. 20515

Dear Mike:

I have read your remarks in connection with ABC's television show regarding J. Edgar Hoover which appeared in the June 23rd issue of the Congressional Record, and the support of our former colleagues means a great deal to us.

We are most appreciative of your interest and that of Congressmen Rudd and Daniel in expressing your concern that the program failed to provide a balanced analysis of Mr. Hoover's tenure with the Bureau. I could not let this opportunity pass without expressing my sincere appreciation for your comments and support.

Sincerely,

Roger S. Young
Assistant Director in Charge
Office of Congressional
and Public Affairs

- 1 - Cleveland
- 1 - Congressional Affairs Unit

NOTE: Mr. Oxley served as a Special Agent of the FBI from November, 1969, to November, 1971.

CAM:ddb (5)

Exec AD Adm. _____
Exec AD Inv. _____
Exec AD LES _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Insp. _____
Intell. _____
Lab. _____
Legal Coun. _____
Off. Cong. & Public Affs. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Telephone Rm. _____
Director's Sec'y _____

MAIL ROOM ☐

REC-146

67-672374-35	
Searched.....	Numbered.....
JUL 28 1982	

JUL 28 1982

PERS. UNIT

b6
b7C

672324
REC-17
April 18, 1984

Honorable Michael G. Oxley
House of Representatives
Washington, D.C. 20515

Dear Mike:

It was good to see you at the Congressional Night dinner. I have been trying since then to find some rationalization for departing from my consistent practice in order to accommodate your group coming to town on May 21st. Meeting with groups of constituents could become an overwhelming problem for me and picking and choosing gives rise to charges of selectivity and partisan politics. I want to avoid both, much as I would like to help one of our own.

I noted in my letter of March 2nd that we would be willing to schedule your constituents with a one hour public tour of FBI Headquarters. Should you accompany your constituents on such a tour, I would be more than happy to have you and two or three of them drop by to see me in my office. It might be that I could arrange an informal and impromptu visit with the group while on tour, but I simply cannot promise this.

You have my continued best wishes,

Sincerely,

William H. Webster
Director

Exec AD Inv. _____
Exec AD Adm. _____
Exec AD LES _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

- 1 - Speech Unit
- 1 - Tour Unit
- 1 - Telephone Room
- 1 - [Redacted]

1 - Mr. Haynes

WHW:mfd

SENT [Redacted] O.
TIME 9:00
DATE 4/19/84
BY [Redacted]

DEC 13 1985

MAIL ROOM ☐

PERS. REC. UNIT

b6
b7C



CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

MICHAEL G. OXLEY
OHIO

April 6, 1984

Mr. William H. Webster, Director
Federal Bureau of Investigation
J. Edgar Hoover Building
Washington, D.C. 20535

Dear Judge:

It was great to see you again last night, and I certainly hope that your wife and daughter are feeling better. I saw [redacted] on the floor of the House today and reminded him of your tennis loss to the Bush brothers.

Seriously, I enjoyed the evening and was sorry I had to leave in the middle of your remarks, but as you know, the voting was taking place on the budget resolution and amendments thereto.

If you can see your way clear to speak to our group of citizens from Ohio and Connecticut on May 21, I would be most appreciative. Again, thanks for your consideration.

Sincerely,

67-672374-31	
Searched.....	Numbered.....
1 OCT 18 1984	

Michael G. Oxley, M.C.
Fourth Ohio District

MGO:dd

23 MAY 10 1984

*ack 4/18/84
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CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

MICHAEL G. OXLEY
OHIO

March 9, 1984

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The Honorable William H. Webster
Director
Federal Bureau of Investigation
Washington, D.C. 20535

Dear Bill:

Thank you very much for your recent letter regarding my invitation to participate in "Foreign Policy Day" which I am co-sponsoring with Congressman Tom Coleman on May 21st. I would like to personally ask you to reconsider. Your decision probably was based on a limited amount of information Tom and I supplied to you, and I would like to explain in detail what this day entails.

This is the third year I have co-sponsored such an event. Each year the focus is on a different theme. Last year we emphasized more domestic issues and were pleased to have the President, Vice President, Cap Weinberger, and Sandra Day O'Connor, among others, address our group. This year the theme is foreign affairs. An item of significance to my constituents is international terrorism. The F.B.I., under your leadership and direction, has made great strides in alleviating such acts of violence in the United States. It would be a thrill for all our participants if you personally could address this issue.

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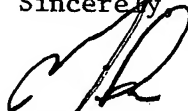
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The Honorable William H. Webster
March 9, 1984
Page two

I am cognizant of the tremendous demands on your time. If you could spend five to ten minutes with us, and then turn the program over to one of your subordinates, I would be truly grateful.

As a former agent, I would be pleased and proud to have your help in this program. Bill, I appreciate your reconsidering this request, and I look forward to hearing from you soon and seeing you on April 4th at the former agents' dinner on Capitol Hill. If you have any additional questions, please do not hesitate to contact me at 225-2676.

Sincerely,



Michael G. Oxley, M.C.
Fourth Ohio District

MGO:dd

(6/25/86 56)
10 JUN 10 1986

April 30, 1986

OS

Honorable Michael G. Oxley
House of Representatives
Washington, D. C. 20515

Dear Mike:

On behalf of my colleagues and the families of Special Agents Grogan and Dove, I want you to know how much we appreciate the sentiments you expressed in the April 17th edition of the Congressional Record. Your words obviously came from the heart and they mean a great deal to all of us.

With warm, personal regards,

Sincerely,

William H. Webster

William H. Webster
Director

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- 1 - Cincinnati - Enclosure
- 1 - Cleveland - Enclosure
- 1 - Congressional Affairs Office - Enclosure

NOTE: Congressman Oxley is known to Judge Webster on a first-name basis. He is a former SA who EOD in 1969 and resigned 11/19/71.

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MAIL ROOM ☐

MEMORANDUM TO THE DIRECTOR
RE: CONGRESSIONAL RECORD
THURSDAY, APRIL 17, 1986

The FBI: Fidelity, Bravery, and Integrity

Page H1931. Representative Michael Oxley (Ohio) addressed the House to express his "deep sorrow to the families of the two FBI agents" who were killed in Miami on April 11. Mr. Oxley remarked "As a former FBI special agent, I also am aware of the dangers involved in the line of duty, the risks that agents take everyday, and the selfless behavior they display when confronted with a life-or-death situation. While it is difficult to express the proper sentiments in a 1-minute statement, I again offer my condolences to the families of the two slain FBI agents and commend their bravery and that of their wounded colleagues. Fidelity, bravery, integrity, that is what the FBI is all about."

Armed Career Criminal Act of 1986

Page H1973. Representative Ron Wyden (Oregon) introduced H. R. 4639, a bill to amend Title VII of the Omnibus Crime Control and Safe Streets Act of 1968, relating to armed career criminals, to include a serious drug offense and any crime of violence as an offense subject to enhanced penalties. This legislation is identical to S. 2312 which Senator Specter introduced in the Senate on April 16. The full text of the House bill is printed in the Record and it was referred to the Committee on the Judiciary.

Contempt Proceedings Against Joseph and Ralph Bernstein

Page H1983. Representative Stephen Solarz (New York) discussed the status of a contempt of Congress citation currently pending against Joseph and Ralph Bernstein for their lack of cooperation in an investigation by the Subcommittee on Asian and Pacific Affairs into the financial holdings of Ferdinand Marcos in the United States. Mr. Solarz advises that following the approval of the contempt resolution, Joseph and Ralph Bernstein "came to the Subcommittee and presented information and material which had every indication of being forthright and which provided a perspective to the committee which bore direct relevance to its investigation." Since the Bernsteins have complied with the wishes of the House, Representative Solarz announced that the Foreign Affairs Committee will write the Justice Department pursuant to the direction of the Subcommittee on Asian and Pacific Affairs "urging that the record demonstrating cooperation by Joseph and Ralph Bernstein be provided to the U.S. attorney for the District of Columbia. In view of their belated cooperation with the committee of jurisdiction, I believe the legal proceedings against the Bernsteins should be dropped."

~~17-01-15-1007~~

Ack let to:
Honorable Michael G.
Oxley
4/30/86
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Mr. BARTON of Texas. Mr. Speaker, today I, Congressman DUNCAN HUNTER, and BOB LIVINGSTON, together are introducing in the House of Representatives the Antiterrorist Act of 1986. Senator DOLE and Senator DENTON are introducing identical legislation in the other body. This legislation is one part of a long-term strategy to deal with terrorism.

As signaled earlier this week, our President has decided to fight back against terrorists, and we need to give him the explicit authority to do so.

There is some question that under the existing War Powers Act our President may have to consult with Congress before he initiates any counterterrorism activities. Doing so may make it much more difficult to fight back against terrorism.

Our act does two things specifically. It redefines terrorism as an act of aggression against the United States of America, its citizens, and American corporations. Number two, it explicitly excludes antiterrorism activities from the jurisdiction of the War Powers Act.

Terrorists do not have to conduct committee meetings before they decide to strike; we should not require our President to do so either, as he attempts to fight back.

Every American citizen is a potential victim of terrorism. Let us give our President the authority to effectively fight back and prevent, if possible, any more Americans from becoming actual victims of terrorism.

IN SUPPORT OF H.R. 281

(Mr. SIKORSKI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SIKORSKI. Mr. Speaker, I rise to speak in support of H.R. 281, the so-called double-breasting legislation and in opposition to weakening amendments.

The opponents of H.R. 281 are using some unpoetic poetic license in their debate, and I would like to take this opportunity to set the record straight.

H.R. 281 does not expand labor law into new areas. It does not deny workers freedom of choice. It is not a power-grabbing attempt by unions to give them undue influence in the industry marketplace. Its only purpose is to define already existing provisions of labor law that deal with prehire agreements which have been subverted by antiworker members of the current National Labor Relations Board.

H.R. 281 is needed to end these abuses and to restore to labor relations the original intent of Congress when it passed the Landrum-Griffin Act in 1959.

THE FBI: FIDELITY, BRAVERY, AND INTEGRITY

(Mr. OXLEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OXLEY. Mr. Speaker, I want to take this opportunity to express my deep sorrow to the families of the two FBI agents, Benjamin P. Grogan and Jerry Dove, who were killed in a bloody gun battle in Miami on April 11. In the same incident, five agents were wounded during an attempted arrest of suspected bank robbers. This is a great and tragic loss to the Bureau and to the entire law enforcement community.

These agents were performing routine surveillance when they spotted a stolen car with a license plate matching one suspected of being used in recent Miami-area holdups. Special Agent Joseph V. Corless, a former colleague and supervisor of the bank robbery squad when I was an agent in New York, stated that the agents radioed for backup and, when they had sufficient assistance, attempted to pull the car over. It was at that point that the agents were fired upon by machine-guns from the suspects' vehicle.

These agents were professionals. They followed the proper procedures and reacted wisely and competently. They knew the risks, but they unfortunately lost their lives in the performance of their duty. As a former FBI special agent, I also am aware of the dangers involved in the line of duty, the risks that agents take every day, and the selfless behavior they display when confronted with a life-or-death situation. While it is difficult to express the proper sentiments in a 1-minute statement, I again offer my condolences to the families of the two slain FBI agents and commend their bravery and that of their wounded colleagues.

Fidelity, bravery, integrity, that is what the FBI is all about.

LAFAYETTE, WHERE ARE YOU?

(Mr. SCHUMER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHUMER. Mr. Speaker, in 1917, Gen. Blackjack Pershing arrived on the shores of France and told a war-torn Europe, "Lafayette, we are here."

Today America asks, "Lafayette, where are you?"

The American people are perplexed and vexed to see pictures nightly on their TV screens of Europeans demonstrating against the American action in Libya. Congress is concerned and confused when the foreign ministers of France and Germany and Italy condemn American actions, but give us no alternative in its place. After all, Kenneth Ford, the brave sergeant killed

by Libyan terrorism a week ago, was not just defending American interests, he was defending European interests as well. And our European allies have told us we ought to resort to diplomacy.

It is their failure to join us in economic sanctions and in evicting the Libyan embassies from the face of Europe that forced upon America this action, the least desirable, but only available alternative.

To our European allies I say, we are ashamed of you. You should, at the very least, be quiet and, in fact, be doing more than that by backing up our action. Until you have a better way, please be silent.

In 1917, "Lafayette, we are here;" in 1986, "Lafayette, where are you?"

LIBYA-NICARAGUA CONNECTION IN CENTRAL AMERICA

(Mr. BILIRAKIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BILIRAKIS. Mr. Speaker, I would like to share with this House, Mr. Speaker, a news item on television this morning. Film reports from Managua showed Libyan soldiers marching in solidarity with their Nicaraguan counterparts and denouncing the United States.

I think it is important to note that this is the very first time that the presence of Libyan troops has been openly displayed by the Sandinista government.

This should be a lesson to those critics who misplace their naive faith in the empty words of good will from the Sandinistas. In this case, Mr. Speaker, actions speak much louder than words.

I find it hard to believe that these Libyan troops are emissaries of peace or are there to encourage the Contadora process. However, perhaps they are there to share their expertise in agriculture and irrigation with the agrarian reformers in Managua.

After all, the green revolution in Libya has made private ownership of land illegal, and the Sandinistas have demonstrated that they are eager to follow this same path.

I point this incident out, Mr. Speaker, even as we in this House continue to debate the true intentions of the Nicaraguan Government in Central America. As Managua echoes with the boots of Libya—a nation engaged in active terrorist warfare against the United States—let us fix in our minds the picture of those soldiers marching. Can a Libya-Nicaragua connection be the hope for the future of Central America? The hope for our hemisphere?

I say no, Mr. Speaker, and I say the best way to stop such a connection is to grant the freedom fighters the wherewithal to oppose this disturbing alliance. Thank you.

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November 29, 1993

RE: VISIT BY CONGRESSMAN MIKE OXLEY
DECEMBER 1, 1993, 11:00 AM

A Director Freeh:

Michael S. Oxley
Congressman Oxley (R-Ohio) is a former FBI Special Agent (1969-1971), who worked on fugitive and bank robbery squads in both ~~the Boston and New York Field Offices~~. He has maintained lasting friendships with several of the Agents he served with.

After leaving the Bureau, he served 4 terms as a Member of the Ohio State House. In 1981, he won a special congressional election for Ohio's 4th District. The 4th District includes "some of the most Republican counties in Ohio." There has been some speculation that Mike, who turns 50 in February, is thinking of retiring from Congress after this term. His staff suggested that serving as a Republican in the House during a Democratic Presidency/Administration has become exceedingly frustrating for Mike.

Mike's committee assignments have rarely put him in a position to support the FBI's legislative agenda. Nevertheless, he was an early supporter and advocate for the FBI's efforts to get legislation to address our digital telephony concerns. In addition, during the last Congress, at a hearing on Health Care Fraud (HCF) before the now defunct Select Narcotics Abuse and Control Committee, he raised the issue of the need for the FBI to have administrative summons authority in HCF investigations.

Mike is an avid golfer, who maintains his principal residence in McLean, Va. His son Chad attends the University of North Carolina.

During the holiday recess Mike will be travelling to China/Japan and then Portugal.





There is no pending correspondence from his office.

Enclosure

1 - Mr. Clarke

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1 - Mr. Walsh

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Ohio - 4th District

4 Michael G. Oxley (R)

Of Findlay — Elected 1981; 6th Full Term

Born: Feb. 11, 1944, Findlay, Ohio.

Education: Miami U. (Oxford, Ohio), B.A. 1966; Ohio State U., J.D. 1969.

Occupation: FBI agent; lawyer.

Family: Wife, Patricia Pluguez; one child.

Religion: Lutheran.

Political Career: Ohio House, 1973-81.

Capitol Office: 2233 Rayburn Bldg. 20515; 225-2676.



In Washington: Oxley's outgoing, genial nature makes him one of the higher-profile Republicans on the Energy and Commerce Committee, where he ranks fourth in the GOP lineup.

A former FBI agent, he is energetic and competitive both on and off the House floor, whether sparring on policy questions, playing on the golf course or working out in the House gym.

Cut from the Reagan anti-regulatory mold, Oxley is a frequent critic of government involvement in the television and telephone industries. He opposed the cable television reregulation bill, which became law when Congress overrode a presidential veto on Oct. 5, 1992. As the 102nd Congress drew to a close, Oxley fumed that the law, which requires the Federal Communications Commission to oversee cable prices and service, was costing taxpayers more money and would not increase competition.

"The ink is barely dry on the cable bill, and its supporters have already begun charging the taxpayer for this special-interest law," he complained weeks after the override when Democratic Energy Chairman John D. Dingell of Michigan proposed giving the FCC a bigger budget to enforce the new law.

Oxley made two failed attempts to revise the cable bill. He urged shifting the regulatory burden to the states, instead of the FCC, and he offered legislation that would have allowed telephone companies to compete in the cable business. The bill, cosponsored by then-Tennessee Sen. Al Gore, was not acted upon in the 102nd. Oxley reintroduced the measure in the 103rd.

The bill not only emphasized Oxley's interest in emerging technologies but highlighted his dedication to free trade.

He has opposed Democratic efforts to reinstate the "fairness doctrine" regulation on the broadcasting industry; it was repealed administratively in 1987. President Ronald Reagan vetoed a reinstatement bill passed in the 100th Congress, but Democratic leaders revived the issue in 1989, when many members felt the

media was giving them an unfair rap over a proposed pay raise.

Oxley lost a House floor vote to strip the fairness doctrine provision from the 1989 budget-reconciliation bill, but the measure was eventually dropped from the budget package.

Oxley is usually loyal to Republican leaders, even when confronted with positions not all to his liking. He supported the 1990 budget summit, despite his preference for a no-new-taxes, spending-freeze budget. "Trying to sell this agreement is like putting earrings on a pig," he admitted.

In 1992, he supported President Bush 86 percent of the time on House floor votes on which Bush took a position.

On Energy and Commerce, Oxley's usually easygoing nature allows him to cooperate with the majority — especially with Chairman Dingell, who shares his aversion to strict acid rain controls and concerns for protecting the auto industry.

In the 103rd Congress, Oxley replaced defeated GOP Rep. Don Ritter of Pennsylvania as the ranking member on the Subcommittee on Transportation and Hazardous Materials. The post enables Oxley to keep a close eye on rail and waste disposal issues of particular interest to Ohio constituents.

During the 101st and 102nd, Oxley lobbied Congress and the Bush administration to protect the Lima tank factory in his district. First he won defense dollars to upgrade older M-1 and M-1A1 tanks. Then in October 1992 the Kuwaiti Defense Ministry chose the M-1A2 Abrams, manufactured in Lima, as its main battle tank.

A member of the Select Committee on Narcotics Abuse and Control, Oxley urged in the 100th Congress that the national drug director be in the Cabinet, saying, "I want a stud in there fighting the war on drugs, someone with real clout." He successfully offered a measure making it easier to set up "sting" operations against money-launderers.

At Home: After a tough special election contest in 1981, Oxley has faced no difficulty holding his House seat. But the general voter

Ohio 4

The 4th is a solid block of Ohio Corn Belt counties dominated by farms and small towns. The land supports corn, soybeans and livestock. And Republicans.

Not one of the 11 counties in the 4th has supported a Democratic presidential candidate since 1964; two of the three largest — Allen and Hancock — have backed the GOP national ticket since the Roosevelt-Landon contest of 1936.

Democrats have oases of support in the 4th, but they are few and far between. They can normally count on votes in Richland County, especially in Mansfield, the district's largest city.

And Lima (population 46,000), sometimes votes Democratic, but it is a small enough part of Allen County that the rest of the county's solidly Republican outlying areas overwhelm Lima's sentiments.

Auglaize County in the 4th's southwestern corner is Democratic in the west and Republican in the east. The west is populated by descendants of Germans who settled in the 19th century; they never caught the conservatism that swept through much of the rest of the area.

Economically, corn and soybeans are king in this district, which sprawls across three of Ohio's area codes. The bulk of this district's industry is in its past.

Marion (population 34,000) — named after Revolutionary War Gen. Francis Marion, the "Swamp Fox" — used to make steam shovels and steam rollers, but now instead grows popping corn.

Lima and Findlay both emerged as small manufacturing centers at the end of the 19th century when oil and gas were found nearby.

West Central — Mansfield; Lima; Findlay

Lima was one of the original refinery centers for John D. Rockefeller's Standard Oil. Although the petroleum boom passed long ago, Findlay (population 36,000), as headquarters of Marathon Oil, is still the 4th's most prosperous part — and the most Republican part of this Republican district.

Close ties to the automobile industry caused economic hardships in Mansfield and Lima during the 1982 recession. They made a partial recovery in the latter 1980s and have not suffered tremendously in the latest recession, though the Mansfield auto plant's employment has slipped somewhat. Smaller auto-related companies have taken up some of the slack.

One of the bright spots in the district's industrial base is its General Dynamics plant, which opened in Lima in 1982 and became its second-largest employer behind a Ford plant. The General Dynamics facility builds the Army's M-1 Abrams tank. British Petroleum still operates an oil refinery here that it opened in the 1920s. Many of Logan County's jobs depend on the Honda plant in Marysville in the neighboring 7th District.

Knox County in the 4th's southeast corner is within Columbus' range, making Knox less culturally isolated than many of its neighbors.

George Bush did well all across the 4th in 1992, taking 46 percent of the vote to Bill Clinton's 31 percent.

1990 Population: 570,901. White 539,111 (94%), Black 26,333 (5%), Other 5,457 (1%). Hispanic origin 5,262 (1%). 18 and over 417,141 (73%), 62 and over 91,326 (16%). Median age: 34.

dissatisfaction with Congress in 1990 cost several Ohio House members a few points off their usual victory margins. Oxley was one of them; after running unopposed in 1988, Oxley defeated Democrat Thomas E. Burkhart, a bus factory worker, with 62 percent. In 1992, with voter dissatisfaction no less acute, he won with 61 percent against Raymond M. Ball, a steel company administrator.

When GOP Rep. Tennyson Guyer died in April 1981, Oxley, a four-term state House member, was an early favorite in the special election to succeed him. But Oxley faced stiff primary competition. Running in the early days of Reagan's presidency, the Republican candidates tried to out-Reagan one another. Robert J. Huffman, a Reagan backer in the 1976 presidential race, branded Oxley a latecomer be-

cause he had supported Bush for president in 1980. Oxley won narrowly.

Winning the Republican nomination traditionally had been tantamount to election in this Republican Corn Belt district. But in state Rep. Dale Locker, the Democrats fielded their best possible candidate.

Locker was a farmer and chairman of the state House Agriculture and Natural Resources Committee, ideal credentials for the 4th District.

Oxley outgunned Locker financially, spending \$275,000 and flooding the media with advertisements in the closing days of the campaign. But his efforts nearly failed because he was unable to develop the personal rapport with voters that had made the 4th District safe for Guyer. Carrying only six of the district's 12

Ohio - 4th District

counties, Oxley struggled to a 341-vote victory. A recount delayed his swearing-in for nearly a month.

Locker weighed a rematch in 1982 but

backed off when the state legislature fashioned new district boundaries to Oxley's advantage. Redistricting in 1992 brought offsetting changes and had little impact on Oxley's chances.

Committee

Energy & Commerce (4th of 17 Republicans)
Transportation & Hazardous Materials (ranking); Telecommunications & Finance

Elections

1992 General

Michael G. Oxley (R)	147,346	(61%)
Raymond M. Ball (D)	92,608	(39%)

1990 General

Michael G. Oxley (R)	103,897	(62%)
Thomas E. Burkhardt (D)	64,467	(38%)

Previous Winning Percentages: 1988 (100%) 1986 (75%)

1984 (78%) 1982 (65%) 1981 † (50%)

† Special election.

District Vote for President

1992

D 77,918 (31%)

R 118,088 (46%)

I 58,957 (23%)

Campaign Finance

	Receipts	Receipts from PACs	Expenditures
1992			
Oxley (R)	\$491,631	\$281,775 (57%)	\$648,337
Ball (D)	\$68,810	\$46,125 (67%)	\$68,324
1990			
Oxley (R)	\$298,581	\$200,233 (67%)	\$330,272
Burkhardt (D)	\$19,103	\$12,000 (63%)	\$19,102

Key Votes

1993

Require parental notification of minors' abortions	Y
Require unpaid family and medical leave	N
Approve national "motor voter" registration bill	N
Approve budget increasing taxes and reducing deficit	N
Approve economic stimulus plan	N

1992

Approve balanced-budget constitutional amendment	Y
Close down space station program	N
Approve U.S. aid for former Soviet Union	Y
Allow shifting funds from defense to domestic programs	N

1991

Extend unemployment benefits using deficit financing	N
Approve waiting period for handgun purchases	Y
Authorize use of force in Persian Gulf	Y

Voting Studies

Year	Presidential Support		Party Unity		Conservative Coalition	
	S	O	S	O	S	O
1992	86	11	86	10	96	2
1991	79	20	83	16	95	5
1990	73	27	82	14	94	2
1989	80	19	86	11	93	7
1988	68	31	81	9	92	5
1987	67	26	80	12	98	2
1986	80	16	85	8	86	14
1985	75	24	88	6	96	4
1984	67	26	86	8	93	5
1983	85	12	87	10	83	16
1982	77	17	81	13	90	10
1981	67 †	29 †	85 †	13 †	88 †	12 †

† Not eligible for all recorded votes.

Interest Group Ratings

Year	ADA	AFL-CIO	CCUS	ACU
1992	5	17	86	96
1991	5	8	100	80
1990	0	17	93	79
1989	5	8	100	93
1988	20	14	100	88
1987	4	0	100	95
1986	0	7	100	95
1985	10	0	91	86
1984	5	0	64	75
1983	10	0	95	91
1982	10	15	82	90
1981	0	20	92	83